





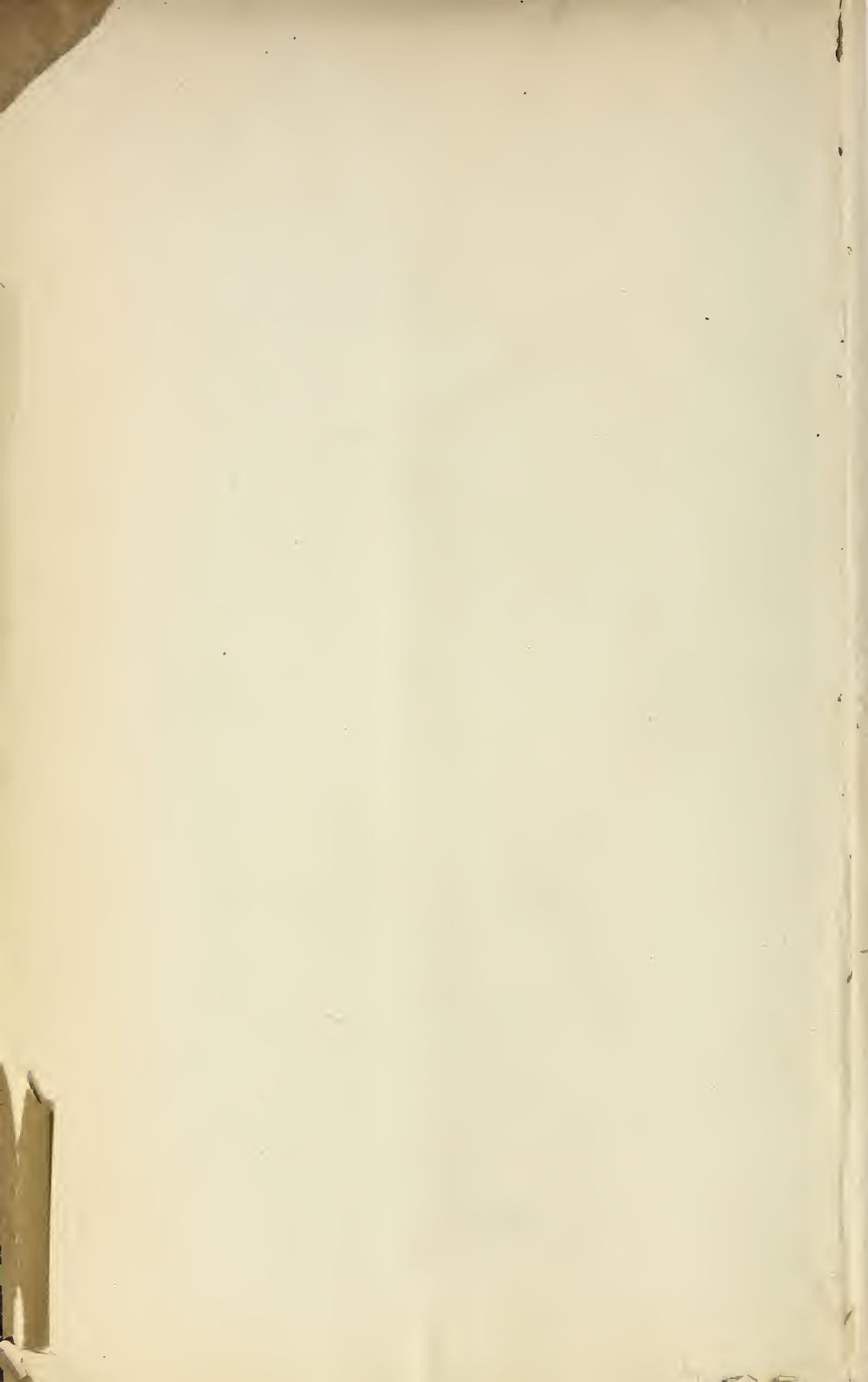
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## ORIGINAL PAPERS.

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### INJURY TO THE SKULL IN THE LEFT FRONTAL REGION. LOSS OF TACTILE SENSE IN CER- TAIN REGIONS OF THE BODY. REMARKS.

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BY WM. C. DABNEY, M. D., CHARLOTTESVILLE, VA.

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On the 29th of October, 1877, I saw a negro boy about fifteen years of age, who had been kicked by a horse some weeks before. There was but one wound, situated about the junction of the inner and middle thirds of the left supra-orbital ridge, and extending vertically upwards for about an inch. When I first saw him the external wound had healed, but the bone was somewhat depressed. The eyeball was ruptured by the injury, and was now completely collapsed.

When the accident occurred, the boy was in Culpeper county, Va., and I have the following history from Dr. S. R. McClannahan, who attended him till he came up to Charlottesville:

"I think about the 26th of September, I was called to see the boy you refer to. He had been wounded several hours before I reached him. Parties informed me that the blow did not knock him down. Reaction had taken place, and I dressed his wound, which I did not think serious to anything but his eye. He went on improving, as I supposed, till about the 8th or 9th day, when he was seized with violent convulsions, which continued about twenty-four hours, when they were relieved, and did not return again while under my care. The convulsions were general and

were not confined to any particular part of the body. His bowels were constipated a few days, but his bladder did not give any trouble that I remember. Had no loss of power or sensibility. Had no coma, and if there was stupor it was after the convulsions, and very slight; for he would answer questions when spoken to, though he did not like to speak, from the fact that his tongue was sore from the wounds of his teeth when convulsed."

The patient came to Charlottesville, about the middle of October, but I did not see him till the 29th, being in New York when he came. During this time he was in the hands of Drs. R. B. Dice and R. W. Nelson, but neither of these gentlemen kept notes of his case. When I first saw him he was perfectly rational. Said he had suffered very much from headache, but this had been relieved by bromide of potassium and morphia, which Dr. Nelson had given him. His pulse was rather tense and a little irregular, but in other respects good. Bowels constipated; appetite good. He was unable to stand alone, and said he had not as good use of the limbs on the right side, as on the left. (I am informed by parties who were present that he walked some distance after the receipt of the injury.) His right eye was uninjured, but he said he could not see as well with it as before he was hurt.

He frequently complained of numbness in his right hand and arm; when pinched on the right hand he said he felt the pain as acutely as he ever did and his muscular sense, namely, his idea of weight seemed perfectly normal, but his sense of touch was greatly impaired. This was the case in the lower extremity on the right side as well as the upper: indeed the whole of the right side of the body *except the face* showed a great diminution of tactile sense. There was very little, if any, loss of acuteness of the sense of touch about the face. He moved his right limbs slowly, and with great difficulty, though there seemed to be very little loss of muscular power, the grasp of his right hand being nearly as strong as that of the left. He could not feel a pin or any small body with his right hand, and picked such a thing up with great difficulty, even when looking at it. He stated that he

sometimes found it difficult to get out his words, but there was no aphasia.

On the night of the 30th he slept badly, and the next morning was restless and complained of feeling sick. Pulse 68, full and hard. Temperature  $99^{\circ}$ .

On November 4th, the patient complained of numbness in the parts of the left hand and forearm, supplied by the ulnar nerve. Was inclined to sleep a great deal, but when aroused answered questions rationally. Bowels moved by enema. Bromide and iodide of potassium given in combination every six hours. Temperature  $100.7^{\circ}$ , pulse 88. A blister was applied to the back of the neck.

On the 5th he was very dull, but said he thought he could move his right leg a little better; could not stand however, and felt sick and faint when raised to a sitting position in bed. Pulse good. He could not tell where his right limbs were, in bed, and would have to feel for them, in order to determine their position.

On the 6th his condition was much the same. On the 7th his temperature was  $102^{\circ}$ , pulse 88. He suffered less pain in his head than he had done for some days past, and had a little more control of his hand and arm.

On the 8th he could raise his hand and arm in a vertical position when lying on his back and hold it tolerably still for a few seconds, which he had not been able to do before. Pulse 77. He said he suffered no pain and felt much better. Tactile sense still wanting on the right side and in the ulnar distribution of the left arm. Bowels moved daily by enema, as they would not act themselves. He raised his right upper eyelid with difficulty and very slowly, indeed, to examine the pupil it was necessary to pull up the lid.

On the 11th, he was still improving. Tactile sense was returning to the right arm and hand, and there was great improvements in motor power. He had complained for a day or two of pain in the left ear and left side of the head, but the hearing was unaffected. There was some swelling of the glands just below the ear and also some swelling of the right upper eye lid and left side of the face. Examination of the right eye with the ophthal-

moscope showed some congestion on the inner side of the disc, but nothing else abnormal.

On the 14th. he complained of more pain in his head. Tactile sense normal now in both hands, except a surface at and above the left wrist about two inches in length and a spot in the palm of the right hand about as large as a silver dollar. He complained of some pain in the left orbit.

From this time he continued to improve and on Dec. 4th. walked to my office nearly a mile distant from his home. Sense of touch normal every where except the surface at and above the left wrist which has just been mentioned and which continued in the same condition till Dec. 29th. his health in every other respect being apparently perfect.

On the night of the 29th. after quite a busy day he was sitting quietly by the fire talking when he says he felt a numbness in the right half of his tongue and lips ; a few moments afterwards the fingers of his right hand began to twitch and the convulsive movements gradually extended up his arm, the right leg being affected at the same time in a similar manner. He states that when the "jerking" reached his neck he lost consciousness. The attack lasted about five or six minutes, and after it passed off he slept profoundly for some time. The next morning he was as well as ever and had no return for about two weeks, when he had two convulsions at an interval of about an hour. This time he felt the attack coming on but could not speak. He was able to walk in the adjoining room however and take hold of his mother so as to make her understand what was the matter. The convulsions at this time were general and not confined to the right side of the body. He had another attack on January 21st., but none for some weeks afterwards although he had frequent threats. Bromide of Potassium was given to him quite freely and seemed to prevent the attacks when they were threatening.

On the 14th. of February his condition was worse than it had been in many respects. His memory was greatly impaired, and he had difficulty in expressing himself, being unable to call some words though he could repeat them after anyone. The sight of the right eye was becoming somewhat affected and I thought it

wise to remove the shrunken globe on the left side without further delay. This was done on the 16th. He had no trouble in consequence of the operation, and seemed to improve in every respect till the 2nd. of March, when he had another convulsion which commenced in his foot. On the 9th. he had another attack; the convulsion being general both times.

His memory had apparently improved since the removal of his eye, but this was probably due to the long interval between the convulsions. The sight in the right eye is, at this time, March 12th. very good. The fundus of this eye appears perfectly normal on ophthalmoscopic examination.

*Remarks.*—At the present time when so much attention is paid to the localization of cerebral lesions, any case presenting such unusual features as the one just described, would seem worthy of publication. It is extremely difficult, if not impossible however, to account for the mode of production of some of the symptoms in this case.

It is well known that injuries to the frontal lobes are not usually accompanied by trouble of either motion or sensation, unless the injury implicate that portion of the lobe in the neighborhood of the fissure of Rolando, or unless the third left anterior frontal convolution be implicated, when aphasia usually results.

I published some years ago \* the notes of a case in which the breech pin of an old fashioned musket entered the skull between and just above the inner angles of the superciliary ridges, and passed obliquely to the right for a distance of about two inches.

The man bled profusely, and at least a tablespoonful of brain substance was considerably removed from the wound by his wife, who thought "the more of that corruption she could get out the better it would be for him." This man never had any disturbance whatever of either motion or sensation, and in two weeks time was at work. Cases essentially similar to this are doubtless familiar to every one engaged in surgical practice.

A very striking case in which a large part of the cranial wall, in the frontal region, was driven in and the brain itself injured without any cerebral troubles whatever, was reported by Eugene

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\* Virginia Clinical Record, April 1873.

Marot, to the Société Anatomique, on the 11th. of February 1876\*. In the discussion which ensued M. Duret mentioned a case in which there had been a severe injury not only to the anterior frontal convolutions, but also to those in the immediate neighborhood of the fissure of Rolando, and he stated that the difference in symptoms was due entirely to this latter complication, his case in other respects being exactly similar to that of M. Marot, other cases very similar in character, all being marked by the absence of cerebral symptoms, were mentioned by Renaüt, Petit and M. Després. M. Duret stated that lesions of the frontal and occipital lobes *might* occur without motor or sensory impairment, but that lesions of the middle part of the brain were always accompanied by paralytic phenomena.

Ferrier's experiments on animals show also that the "antero-frontal regions of the brain" have no connection with either motion or sensation, though he states that "the anatomical relations of the frontal lobes are such as to, indicate connection especially with motor ganglia and motor tracts."†

The feature in my case, which was especially singular, was the loss of tactile sense in certain regions of the body, which have already been mentioned. It is observable that this was not confined exclusively to the right side of the body, (or the side opposite the lesion), but that a small surface in the area of distribution of the ulnar nerve on the left side, or side of lesion, was also affected, and this latter, or a part of it is still insensitive to the touch. It is well known that as a general rule, where there is loss of tactile sense, there is a simultaneous loss of *general* sensation over the same area, constituting what Charcôt and other writers term hemi-anæsthesia of cerebral origin in contradistinction to hysterical hemi-anæsthesia. The usual seat of the lesion causing a loss of all the forms of sensibility, has been very accurately determined by Charcot,‡ Veyseiere,§ and others,

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\* Le Progres Medical, 1876—No. 23.

† Functions of the Brain. P. 232.

‡ Leçons sur les maladies du système nerveux. Tome 1. P-307 et seq : Leçons sur les localisations dans les maladies du cerveau P-p—104 to 113.

§ Recherches cliniques et expérimentales sur l'hémi-anæsthesia du cause cerebrale. Paris, 1874.

and is situated in the posterior part of the internal capsule. This of course is not the sensory centre, but is the path for the passage of sensory impression from the periphery to the cerebral cortex, or perhaps to the ganglia, near the base of the brain, which until recently have been considered the sensorium commune. It has now been placed beyond any reasonable doubt, that the corpus striatum, and optic thalamus (whatever is the function of the latter), are merely *way stations*, and that the termini of the nerve fibres, are in the gray matter of the cerebral convolutions. The fact however, that in the case now under consideration, tactile sense alone was lost, all the other forms of sensibility being normal, indicates most conclusively that the lesion causing this symptom was not in the path which they all traverse in common.

Schiff and Sanders-Ezn locate the fibres for the conduction of tactile impressions in the posterior columns of the spinal cord, but even if this hypothesis were certainly correct, (and there are many good grounds for considering it fallacious,) the absence of all trouble with reference to the co-ordination of muscular movements would show that the seat of trouble was not in the cord in this case.

We have on the other hand good and substantial reasons for locating the trouble in the cortical matter of the hemispheres. The occurrence of convulsions attended by loss of consciousness, would show most conclusively that there were "discharging lesions," as Hughlings Jackson terms them, in the cerebral cortex; and Ferrier, whose experimental investigations on the localization of functions in the cortical surface of the hemispheres, have been confirmed in a most striking manner, with reference to most points by pathological researches, locates the centre for tactile impressions in the "hyppocampal region," which term is "employed to signify the hyppocampus major and uncinate convolution." †

It is true that in the case of the monkey in whom this region was destroyed (with the necessary "experiments of control" as Goltz calls them), "cutaneous stimulation by pricking, pinching

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† Op. cit. p. 175.

or pungent heat sufficient to cause lively manifestations of sensation when applied to the right side of the body failed in general to elicit any reaction whatever, on the left side, whether face, hand, or foot." This would seem to indicate that there was a loss of general, as well as tactile sensibility when the hippocampal region was destroyed; "but" says Dr. Ferrier, "the abolition of tactile sensation was further conclusively shown by the condition as to motility of the left limbs. \* \* \* \*

The position of steadiness was only possible however while the animal kept on the alert. On its dropping off to sleep which it continually tended to do the left foot would slip off the perch.

\* \* \* The paralysis of motion in this case was not true motor paralysis;" it was due to the absence of guiding sensations, just as a horse cannot eat well after the sensory nerves of the lips are cut.

By reference to the history of my patient it will be observed that this was very much his condition. His grasp showed a considerable degree of muscular power, but there was for a time a complete absence of any "guiding sensation."

So much then for the *scat* of the lesion causing the loss of tactile sense in this case.

The question as to its *nature* is unfortunately much more difficult of solution. Dr. Hughlings Jackson, justly insists, \* that a distinction should be made between the abnormal *physiological* condition and the abnormal *nutritive* process leading thereto. The arteries he thinks play a most important part in the pathology of many cerebral disorders, and he holds this opinion in common with all recent writers on the subject of brain diseases. †

There is no direct vascular connection between the anterior frontal region and the hippocampal region. The former receives its blood supply from the anterior cerebral artery and the latter from the posterior cerebral.

A probable explanation offered by Dr. J. L. Cabell of the University of Virginia, who kindly saw the case with me was to

\* *Lancet*, June 16th, 1877.

† Chareot, *Leçons sur les localisations*, &c., p. 51.

the effect that there had been a rupture of a small vessel at the time of the injury which was overlooked at the time, but as the boy's condition in other respects improved the symptoms caused by this had become more prominent. This is certainly by far the most rational explanation, though Dr. McClanahan and the patient himself are both very positive in the statement that there was no loss of tactile sense in the right side till some weeks after the injury, and it was not observed in the *left* hand and arm till the 4th of November, though I had examined him thoroughly before, several times. I will state here, what I inadvertently omitted in the proper place, that there was no injury of any kind about the course or distribution of the left ulnar nerve.

It is scarcely necessary to refer to the effects produced by irritation of the nerves of the dura mater \* except to show that this has been taken into consideration in our endeavor to find some explanation of the mode of production of the symptoms in this singular case.

It is very improbable that the loss of tactile sense was a reflex trouble. Dr. S. W. Mitchell, Dr. Morehouse and Dr. Keen have it is true reported several cases of reflex paralysis from gun shot wounds, in some of which there was a loss of tactile sense, but in no case was this the *only* disturbance of sensation and in every case the tactile paralysis occurred immediately on the receipt of the injury. We have purposely omitted until now any allusion to the peculiar views of Mr. Brown-Sequard which are shared perhaps by a few other physiologists. In a number of lectures and papers published by this distinguished experimental physiologist during the past few years, when Fritz and Hitzig, and Ferrier, on experimental grounds, and Charcot and Pitres, and others, as a result of numerous autopsies have been urging the doctrine of cerebral localization, he has time and again reiterated his belief based chiefly on experiments on animals, that there are no especial encephalic centres and that direct paralysis is nearly as frequent as crossed paralysis.

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\* Bochefontaine and Duret. Report to the Société de Biologie, Aug. 4th, 1877. *Le Progrès Médical*, No. 32, 1877

During the months of January and February 1876, most animated discussions took place between M. Brown-Sequard on the one side and Charcot, Petres, Luys, and others on the other, and Brown-Sequard was most positive in his opinion that "paralysis was not caused by loss of function of encephalic centres, but by some irritation acting at a distance." † He thought that convulsions and contractions were to be explained in a similar manner.

While it is unquestionable that cases of direct paralysis do sometimes occur and that irritation set up at a distance may occasionally produce paralysis, convulsions, or contractions, autopsies made in a great number of cases leave no doubt that such instances are very exceptional and do not invalidate the doctrine of cerebral localizations.

For reasons which I have previously stated, I am strongly inclined to think that there is a cerebral lesion in my case and that the symptoms are not due to the irritation of a distant part.

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## CONTAGION OF SYPHILIS.

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BY F. N. OTIS, M. D., CLINICAL PROFESSOR OF GENITO-URINARY DISEASES IN THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

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Recent investigations in regard to the disease germs of contagious diseases, warrant the assumption of Dr. Lionel Beale, (*Disease Germs, their Nature and Origin*, London, 1872, page 143. et seq.) that they are degraded cells (bioplasts), originally derived from the healthy elements of the human organism. Having lost by degradation the capacity for developement into useful tissue, they still retain the powers of amœboid movement, proliferation and vital sustenance. This view affords a starting point for the rational explanation of syphilitic disease, which, so far as known, is confined to the human germinal elements. It is

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† *Le Progres Medical*, 1876, p. 72.

distinctly appreciable only in the lymphatic organs and channels, and in lesions which can be directly traced to disturbances of structure or function in the lymphatic system.

In complete accord with all that is known in regard to syphilis we may assume that contact of normal germinal cells (white blood corpuscles,) with those which have been degraded through the syphilitic influence, brings about a similar degradation in them; and these again, in the same way, acquire the power to degrade other normal germinal cells with which they may be brought into contact, whether in the same or in another person. Then the syphilitic influence, at the point of original inoculation in varying intensity is transferred from cell to cell until its vitiating power is lost by attenuation or dilution or until the entire organism is profoundly affected. Thus it is that we shall meet Syphilis in varying degrees of severity, from that where the subject passes through it with scarcely a single characteristic manifestation, to one, who, in its various periods, will present a classical picture of every phase of the disease.

Germinal cells from one source or organism, cannot come in contact with those of an independent organism without a breach of tissue.

Experiments by inoculation of syphilitic blood and of the un-mixed secretion of unirritated syphilitic lesions have demonstrated the complete absence of any erosive property in the so-called virus of Syphilis. In the wounds of such inoculations healing was as rapid and perfect as in similar wounds where no inoculation had been made.

All the secretions of syphilitic lesions and of the blood, during the active stage of Syphilis, (usually from one to two years,) contains degraded germinal cells or disease germs, and are thus capable of communicating Syphilis.

The modes of transference of Syphilis from the disease to the healthy are three :

1st. By *direct contact* of the diseased surface with an abrasion or other breach of tissue on a healthy person.

2nd. By *mediate contagion*.

3rd. By *hereditary transmission*.

Communication of Syphilis by *direct contact*, as under the circumstances peculiar to the venereal act, is the most frequent mode of the acquirement of Syphilis. In the female, Initial Lesions from this source are most common in the vicinity of the *ostium vaginae*: especially so in the folds of mucous membrane about the *fourchette*; between the greater and lesser *labiae*; under the sheath of the *clitoris*, upon and even within the *meatus urinarius*. They are also found to occur not unfrequently about the *anus*. They are rarely found on the *os uteri*, and still more rarely on the *vaginal rugae*.

In the male, the most frequent sites are upon the *glans penis*, and *prepuce*: occurring with especial frequency in the sulci, by the side of the *frenum*, at the *meatus urinarius*, and in the fossæ glandis, occasionally on the integument of the *penis*.

In both sexes the Initial Lesion is sometimes found upon either *lip*, in the angles of the *mouth*, or even within it, and also near or within the *anus*: all as a result of direct contagion. Communication of Syphilis by direct contact, through the act of kissing, is an accident of occasional occurrence. In this case the inoculating secretion may be furnished either by an *Initial Lesion*, or by one of the common manifestations of active Syphilis, known as the *mucons patch*.

Initial Lesions are also found in various other localities, as solutions of continuity, *at any point*, may become the accidental recipients of the syphilitic contagion, usually they are rare in proportion to their distance from the genitalia. Surgeons, accoucheurs and gynecologists are especially exposed to the peril of an innocent inoculation of Syphilis by direct contact. Within the circle of my city acquaintance at the present time, are three medical gentlemen who acquired syphilis through an Initial Lesion on the right forefinger. In another case a surgeon, also an acquaintance, received the syphilitic inoculation in the end of his right forefinger, through the accidental puncture by a spicula of bone, while amputating the leg of a syphilitic subject.

Inoculation of Syphilis through *mediate contagion*:

Cells diseased by the Syphilitic influence, or what is usually termed the Syphilitic *virus*, may cling to substances with which

they are brought into contact. All degraded animal cells or disease germs, have the power of maintaining their vitality for some time after removal from the organism in which they have been developed (Beale). Any material, therefore, which has been in contact with the secretions of syphilitic lesions, or the blood of a Syphilitic, during the active stage of Syphilis, may prove the medium of communication of Syphilis to a healthy person, provided only that the substance so contaminated, is brought into contact with a *lesion*, however slight, of the skin or mucous membrane.

The most common source of the *contagium*, in cases of *mediate contagion* is the *mucous patch*, a constitutional syphilitic lesion, frequent upon the mucous membrane of the lips, mouth and faucial region in persons passing through the active stages of Syphilis. The *saliva* is thus impregnated with the syphilitic disease germs and, through it, a variety of domestic utensils have been the known medium of syphilitic inoculation by contact with abrasions upon the lips of persons without regard to age or sex.

In the same way, pipes passed from syphilitic mouths, cigars from syphilitic cigar makers, canes, pencils, and even sticks of candy contaminated by syphilitic saliva, have effected a syphilitic inoculation. Within the last 18 months, I have met with four cases, where there was undoubted proof of the acquirement of syphilis through mediate contagion. One of a young lady with the Initial Lesion on the lower lip acquired from her lover's kiss. The second a physician, with the Initial Lesion just within the angle on the right side of the mouth from a syphilitic friend's pipe. The third, in the same locality, appearing characteristically about three weeks after a morning spent in the Dentist's chair. The fourth a worthy merchant with his Initial Lesion, well marked on his lower lips, with mucous patches in his mouth, and an accompanying syphilitic iritis. In this latter case the only clue to the mode of acquirement of syphilis, was the habit of passing among his numerous clerks, and occasionally transferring a lead pencil from their desks to his mouth.

Well marked constitutional Syphilis, with complete absence of any genital lesions was present in each case cited.

The foregoing typical cases, illustrative of the modes through

which Syphilis may be contracted by *mediate contagion*, (with the exception of the last,) were seen in consultation with physicians from neighboring states. Such accidents, however, are of more likely occurrence in great cities, where moral restraint is least stringent, and opportunity for acquiring venereal diseases most favorable. It becomes necessary therefore, in cases of obscure disease, simulating syphilis, to make a searching scrutiny of all incidents, conditions and exposures, which may, in the light of possible accidents, point to opportunity of syphilitic infection, through mediate contagion. The third case cited is of special value, as conveying a lesson on the necessity of scrupulous care of instruments about the mouth.

In all cases, therefore, where the same instruments are in use for different persons, after thorough cleansing, their passage *through the flame of an alcohol lamp* should be systematically practised after every operation. The same procedure is equally indicated in regard to instruments used upon other mucous membranes, as those lining the urethra, the bladder, the rectum, the eye. It is also essential in all instruments used in cutting operations at any point. Not the least important among the modes of conveying Syphilis by mediate contagion is that by *vaccination*. Numerous well authenticated cases of this disaster may be found recorded in any modern systematic work on Syphilis. Inoculation of Syphilis by vaccination may be effected either by an impure virus or an unclean knife. Use of the Bovine virus by means of a clean instrument relieves this beneficent operation from the stigma of being considered a possible means of communicating syphilis.

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### A CASE OF SYPHILITIC ALBUMINURIA.

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BY L. P. VANDELL M. D., PROFESSOR OF THERAPEUTICS AND CLINICAL MEDICINE, UNIVERSITY OF LOUISVILLE.

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Peter W., an intelligent German, 60 years of age, came under my care in the Louisville City Hospital, December 1st, 1876. He was the subject of general dropsy, and on the card over his

bed was written Albuminuria. His pale, waxy looking skin, puffy eyelids, constant indigestion, slight bronchitis, disturbed vision, hemicrania, pain in the back, muscular debility and frequent nocturnal micturition, all confirmed the diagnosis, and examination of the urine showed it excessively albuminous and abundant in tube casts, and renal *debris*. He had been an inmate of the ward four months, at the time of my assuming charge, and had been under treatment during that time, but without benefit. I ordered for him bromide of potash, tinct. citro-muriate of iron and milk diet. The painfully distended condition of his legs was greatly relieved by punctures on several occasions, and he got elaterium when the dropsy was not sufficiently ameliorated by the punctures. Deriving no comfort from the bromide and iron, and indeed growing gradually worse all the time, and having no hope of recovery he begged to be allowed to desist from treatment and the request was granted at the end of two weeks. Early in the third week of my service the patient's throat became ulcerated and exceedingly painful. Examination revealed extensive ulceration of the fauces strikingly syphilitic in appearance, but as he denied ever having had that disease, he was treated by local applications, together with quinine and iron internally. No impression being made on the sores, after a few days, a careful inquiry was made into the patient's history, with the following results: Has had a rough, laborious life, attended by considerable exposure. Has never been drunk nor at all dissipated but has always taken one or more drinks of whisky or beer daily. Married twenty years ago, is the father of three healthy children and after the birth of these his wife miscarried twice of small, withered-looking children. Wife very dissipated, but never had any signs of venereal disease. She is dead. The patient states that for many years he has suffered more or less from dropsy but only occasionally disabled from work. Never had a sore on genitals or elsewhere, never had any cutaneous eruption or falling of hair or sore throat till now. Never had gonorrhœa. Never took mercury beyond an occasional dose of blue mass or calomel as a cathartic. His nose shows the saddle-shaped depression so often associated with tertiary syphilis when the nasal bones have

come away. He says that in 1857 while a hospital patient in New York, where he was treated for albuminuria, his nose got sore and two bones came out of it. He asserts that he received no treatment for his nose and that it healed of itself. For twenty years he has suffered frequently from rheumatism which was always worse at night and particularly affected his legs. His mother died of phthisis and his father deserted the family, or at least disappeared, before her death.

I have known the patient for many years. He was janitor and resurrectionist at the University of Louisville for a long time, and subsequently a nurse in the City Hospital.

He is a bluff old fellow, perfectly truthful, and without any squeamishness in acknowledging his sins or misfortunes. Confident, however, that the nocturnal rheumatism, the deformed nose, the present throat trouble, probably the withered miscarriages, all pointed to syphilis, I determined to apply the crucial test for tertiary syphilis, namely, iodide of potash. The non-syphilitic individual is easily iodised by small doses of the drug, but one having tertiary syphilis will usually bear this medicine in well nigh unlimited quantities, not only without inconvenience, but almost absolutely certain benefit. The patient under consideration, was ordered a scruple of the iodide of potash every three hours, when awake, to be taken in a half glass of skimmed milk, or water, the doses to be increased ten grains each, every day, till iodism, gastric disturbance, or relief symptoms should occur. He took on several occasions, an ounce of the medicine daily, and never had any discomfort from it. He got iron and bitter tonics at the same time. His improvement was marked at the end of a few days. The throat rapidly healed, his strength, appetite and color returned. Furthermore, his dropsy disappeared and the urine ceased to evince any sign of renal disease. In two months he was well, and resumed his place as nurse in the negro ward, which he had given up five months before on account of albuminuria. There can be but little doubt that the kidney disease was of syphilitic origin, and that the iodide of potash cured it. After nearly twelve months of good health, the albuminuria symptoms reappeared to some extent, but up to this

time they are controlled by the iodide, and the patient's life is rendered tolerably comfortable. Had he been younger, and more systematic, and more persevering in the treatment, a cure would have been almost certain.

I shall offer no conjecture as to how this man became syphilitic. Everyone who has seen much of this disease, has encountered cases in which it was impossible to discover when, or how certain cases originated. Syphilitic albuminuria is not extremely rare.

The lesson to be drawn from this case is, that in the treatment of albuminuria, we should look rather to the cause of the lesion than to peculiar conditions of the kidney. It is safe to say that the kidney is subject to the same causes of disease that produce morbid phenomena in other tissues, and it is equally safe to say that the remedies beneficial in lung diseases, skin diseases, nervous diseases, etc., are equally applicable here. I am confident that the day is close at hand, when the regional nomenclature of disease, and the local treatment of disease, will play but a very small part in the practice of medicine, and that our therapeutical measures will be directed to the source rather than to the location of maladies.



## TRANSLATIONS.

UNHEALTHY EFFECTS PRODUCED BY SEWING MACHINES WORKED BY THE FEET.—By A. Gérardin jr., (*Annales di Hygiène*). Gérardin jr., gives the conclusions which his experience seems to dictate:

1. A healthy woman of ordinary strength can use the sewing machine 3 or 4 hours daily without experiencing excessive fatigue or any other effect prejudicial to her health.

2. Diseases which develop most frequently among working women who make use of the pedal are :

a. Dyspepsia attributable to the unhealthy condition in which they work, especially to the vitiated air of the workshops ; to sedentary occupation ; and to the want of exercise in the open air.

b. Muscular pain affecting the lower limbs and the trunk, which is brought about by the continual use of the same muscles.

c. Maladies peculiar to women, aggravated more when caused by the state of hyperæmia of the pelvic organs which this exercise occasions.

d. State of physical exhaustion and nervous prostration produced by excessive work.

3. Other troubles, such as neuralgia of the feet, spinal complaints, only worthy of mention for their extreme rarity.

4. The inconveniences of this occupation are greatly diminished by the substitution of other motor power than that of the feet or by the adoption of Parson's or Hall's improved pedals, and by strict attention to ventilation.

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SOME OF THE EFFECTS OF AIR ARTIFICIALLY RARIFIED IN PULMONARY AFFECTIONS.—By Trentler, (*Berlin Klin. Wochenschrift*, No. 50, 1876). Trentler subjected a large number of patients to this treatment exclusively, who were attacked with pulmonary maladies, ( hæmoptysis, catarrh of the apices, tubercles etc.,) after eight days' trial, sleep and appetite returned, muscular strength was increased, nocturnal sweats became less frequent, and diarrhœa disappeared. Decrease in temperature and in pulse, and frequency of the respiration only took place in those cases which recovered.

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IS URIC ACID A FOOD?—By Oertmann. *Archiv für gesammte Physiologie*. The author repeats the experiments of Rudzki under more favorable conditions. Three rabbits are supplied with the following food: Rice, starch, burnt meat, olive oil and uric acid, three others receive this food exclusive of the uric acid, the first three fed with uric acid died respectively on the 27th, 45th and 58th day. The last three who received no uric acid perished on the 22nd, 55th and 61st day, this would prove that uric acid has no alimentary effect.

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TREATMENT OF NEURALGIA BY INJECTIONS OF ERGOTINE.—By S. S. Marino, (*Palermo*, 1877.) In several cases of painful nervous affections (tic douloureux, sciatica etc.,) excellent results were obtained from the subcutaneous exhibition of ergotine. The author employs this remedy in solution with water and glycerine, generally after one or two injections the pain is dispersed.

THE INFLUENCE OF COFFEE ON THE ACTION OF SULPHATE OF STRYCHNIA —By Attilio Lelli. (*Rivista Sperimentale*, 1877.) In rabbits infusion of coffee was found to retard death about 48 hours after the exhibition of strychnia.

The author concludes by his experiments that coffee administered with strychnia has the effect of retarding the toxicological symptoms. He will give in a future work more extended details.

NEW CAUSE OF SATURNINE INTOXICATION.—(*Journal de Geneve du 26 Aout*, 1877). For some years past in Germany the tops of baby carriages have been covered with American oil cloth. Of late several cases of lead poisoning in infants have been observed, when the carriage tops were exposed to the directed rays of the sun.

The Health Department found that this material contained 42 per cent. of metallic lead. The importance of this discovery is aggravated by the fact that these vehicles are also used as cradles.

J. D. FISKE, M. D.



## REPORTS OF SOCIETIES.

### MEDICAL AND CHIRURGICAL FACULTY.—EIGHTIETH ANNUAL SESSION.

(*Reported for the Maryland Medical Journal*.)

BY DR. GEORGE H. ROHÉ.

#### FIRST DAY.

This venerable body, one of the oldest State Medical Societies in the country, began its Eightieth Annual Session in Baltimore, on April 9, 1878. The sessions were held in the Concert Hall of the Academy of Music.

The convention was called to order at 12 M., by Dr. A. B. Arnold, the president. After some routine business was transacted, the president read his annual address, choosing the subject of Homœopathy for his theme.

He said medical men might engage in more useful work than combatting the vagaries and fallacies that time and again intrude them-

selves upon their notice, but it should not be forgotten that homeopathy puts on the livery of medical reform, and appeals to the public as the champion of the true healing art. Homœopathy, thus far, has proved an exception to the tendency of pretentious systems to undergo an absorbing process, after having been filtered of their dregs. Of late it had put on a motly garb that resembles nothing in heaven above nor in the earth below. Homeopathy charges that "medical men of the old school" reject its claims from ignorance, indolence and the fear of losing caste, and if it were understood and studied in a spirit of candor, uninfluenced by professional jealousy, everyone would be converted to its tenets. The keynote to Hahnemann's system, he said, is that the morbid signs and symptoms constitute the true and only conceivable form of disease, for diseases are not dependent on material or morbid matter, and have no anatomical basis. Hahnemann declared that the manifestations of disease, discernable by our senses, expose to view the whole disease. One would suppose that a system which employs infinitesimal doses of medicine ought to entertain some respect for the unaided powers of nature. Hahnemann cannot afford to make even this slight concession. To the surprise of the novice in the mysteries in homeopathy he deprecates the endeavors of the physician to imitate nature. We are told that "disease is nothing else than an aberration of feeling," and consequently the only way in which drugs act is by the power they possess of "altering the sensorial condition of the body."

Hahnemann can conceive of only three ways in which it is possible to apply medicines in disease. The first he calls the palliative or antipathic treatment, which consists of singling out the most troublesome symptoms in a case and to prescribe a remedy from which the practitioner expects a palliative result. This he considers dangerous and delusive. The second method is the allopathic treatment, which is pernicious, absurd and criminal, and every medical man outside of homeopathy is nothing else than an allopath. The true healing art, he says, is the exercise of the higher human mind and free power of thought, which, controlling and correcting the vital force, brings into play a similar but higher energetic force. This is manifested by the physician who administers homeopathically selected medicines which at once engage the morbid affection that frets the vital force, by means of a similar but more powerful drug affection. This is the third, the true, the homeopathic method. Hahnemann places slight value upon attempts of science to explain this "natural law of cure,"

which he was the first to discover. It is enough for him to have verified it to the world by pure experiment. Hahnemann, with the conviction that *similia similibus curanter* is a universal law of nature, asks "How does Jupiter, shining bright in the morning dawn, vanish from the optic nerve of the beholder? How? By a stronger potency, the brightness of the approaching day, similar in its action upon the optic nerve."

None other of Hahnemann's many contributions seem so extremely original as the doctrine of infinitesimal doses. If drugs act by a virtue of a spiritlike power, it must follow that the more they are deprived of their material substratum, the greater will be the freedom of their action and the stronger their inherent energy. We are told that the latest developments of homeopathy give signs of an approach toward a better appreciation of what really constitutes the scientific basis of the healing art.

The fact that homeopaths get a goodly share of the public patronage, as the commercial phrase has it, no intelligent person ought to accept as a proof of their proficiency, for the uncritical public spends a hundredfold more money on quack nostrums than upon all the doctors combined. The course medical men have to adopt is plain. They must continue to sustain their high character for scientific attainments, practical talent and active benevolence, and should never compromise the honor and dignity of their profession by mercenary considerations. The address was warmly applauded, and ordered to be printed in the transactions of the faculty.

Dr. Judson Gilman, treasurer, read his report, showing the assets to be \$11,420, and liabilities \$169.

The receipts for the year were \$1,418.39, disbursements \$1,417.48, leaving a balance of 94 cents on hand. The donations to the library were about two hundred volumes.

The following new members were elected: Drs. Eli J. Henkle, Henry Salzer, E. G. Walls, A. P. Clarke, George S. Kinnemon, J. E. Gibbons, Joseph E. Smith, Joseph F. Perkins, F. W. Patterson, W. J. McDowell, C. C. McDowell, W. W. Antrim, Gustav Liebman, J. D. Iglehart, Frank D. Gavin, John R. Quinan, Joseph A. White, S. W. Seldner, George H. Rohé, Thomas A. Correll, Julius A. Johnson and J. M. Chamberlain. Reports of standing committees were read and ordered to be printed.

## SECOND DAY, April 10th.

The Convention again met at 12 o'clock, the president, Dr. Arnold, in the chair. About two hundred members were in attendance. President Gilman and others of the faculty of the Johns Hopkins University were present by invitation.

After calling the Convention to order, the president introduced Professor Ira Remsen, M. D., Ph. D. of the Johns Hopkins University, who delivered the annual oration, upon "Chemistry and its relations to Medicine."

He said chemistry furnished medicine with many of its valuable remedies, but the chemist does not recognize the discovery of new substances as the object of his work; if he did so, both chemistry and medicine would suffer. He spoke of the recent discoveries of the properties of chloral and salicylic acid and said that these discoveries would have been impossible to any one who was not a chemist. What is pure air? What is pure water? And what food is appropriate? are questions which can only be answered by the chemist, and the very fact that discussions are still going on in regard to those subjects indicates clearly that they cannot be easily answered, and yet no one doubts their fundamental importance. Stoves and furnaces in dwellings and public buildings have been supposed to give off unwholesome gases, but experiments have failed to show that this is true to any great extent. In the light of many experiments it appears exceedingly probable that one of the most important conditions of the air is aqueous vapor, and that moisture in a quantity beyond comparatively narrow limits is productive of very serious results. The influence of carbonic acid, carbonic oxide and ozone upon the value of air is almost nothing compared with the influence excited by moisture. This is a point that does not ordinarily receive the amount of attention which it deserves. A reliable hydrometer should be as frequently used in dwellings as a reliable thermometer. It is a very difficult thing to regulate the amount of moisture in the atmosphere of dwellings, but more could be done than is done.

As regards the water we drink, he said every one knows that cases are very common in which it becomes polluted and that disease results from its use. Very few methods proposed for the analysis are found reliable. There is a deep question involved in the study of food. Fashions change in regard to kinds of food considered advisable. Now it is beef, now milk, now certain vegetables, &c. Here is a great field of investigation. That food is often adulterated cannot be doubted.

In despotic countries it is inspected, but we can hardly hope ever to have such strict regulations in this country. The free-born citizen, especially if he be a manufacturer or dealer in suspected articles, naturally rebels against interference with his rights. His voice is loud in the halls of legislation, and what he does not want the average legislator is pretty sure not to want. The conditions with reference to food adulterations are similar to those existing with reference to fertilizers. There are chemists who habitually find considerably more phosphoric acid and more ammonia in any given fertilizer than it actually contains, and if a young chemist finds the amount actually present, and states the result, the manufacturer discards him, and takes the highest and false ones obtained by the initiated chemist. This can only be characterized as swindling. The public must submit, the manufacturer's interests are not to be trifled with. Prof. Remsen concluded by urging the importance of a thorough knowledge of chemistry to the physician.

The oration was no less admirable in manner than in matter, and was warmly applauded by the convention. On motion of Dr. Thos. R. Brown the thanks of the faculty were tendered to Prof. Remsen and a copy of his address requested for publication in the transactions.

Dr. D. I. McKew, chairman of the committee on memoirs, submitted a report. The list of members deceased in the last year comprise Professor N. R. Smith, Drs. E. W. Theobald, George D. Beatty, John Fisher, of Baltimore county, Henry R. Noel, of Virginia, Benjamin B. Miles and Austin W. Price. The report embraced short sketches of the lives of the subjects of the memoirs, and it was ordered to be published in the transactions of the faculty.

The report from the section on surgery being called for, Dr. Alan P. Smith contributed the history of 50 consecutive cases of lithotomy. The cases ranged from 18 months to 71 years. Only two of the cases were colored, and oddly enough these represented the two extremes in age, of the series. The cases were not selected, all being operated on that presented; not a single death had occurred. One of the cases was peculiar, perhaps unique, the patient being the possessor of a double penis and double bladder; the external organs were well formed. The instrument used was the lithotome devised by the late Prof. N. R. Smith. The only objection which Dr. Smith had ever heard against this instrument came from one of the highest surgical authorities in the country and was to the effect, that with it "any body could do lithotomy." Dr. Smith never operated when the barometer

is low or falling, and to this caution he in great part ascribes his success.

Dr. A. Friedenwald from the same section, reported "Ophthalmological notes" with description of a new method of administering ether for operations on the eye. The apparatus used was that devised by Drs. Rohé and Leonard, of this city, and had given satisfaction in all cases. Profound anæsthesia was induced in from 3 to 4 minutes.

Dr. John N. Monmonier read reports of cases of excision of os calcis and of exstrophy of the bladder.

#### THIRD DAY, 11th.

The convention was called to order at 12 o'clock by President Arnold. The committee appointed at the last annual meeting to prepare a bill, and endeavor to secure its passage by the legislature, modifying the existing laws of the state with reference to privileged testimony of physicians, reported that the bill prepared by them had failed in passing the legislature. The committee was continued.

Dr. Thos. R. Brown completed the report from the section on surgery, by a paper on stricture of the Urethra. He considered in detail the subject of spasmodic stricture, so-called, quoting the opinions of the most eminent surgeons as given in their works, or by letter in answer to Dr. Brown's inquiries. He also gave statistics showing the advantages of internal urethrotomy by Otis' method.

Dr. John S. Lynch chairman of the section on practice of medicine, read an elaborate paper on Apyretics, giving a new classification of remedies depressing the temperature.

The report from the section on obstetrics was read by Dr. P. C. Williams, who extolled the use of chloroform in labor. In lingering labors chloral was recommended.

Dr. I. E. Atkinson, Chairman of the section on materia medica, &c., reported on some recent therapeutic agents, including salicylic acid, curara, jaborandi and tayuya.

He also pertinently called attention to the great need existing for a uniform system of weights and measures, and spoke in favor of the metric system. By means of charts and models, Dr. Atkinson demonstrated the whole system in an easily intelligible manner. A committee, was on motion of Dr. Thos. R. Brown, appointed to urge upon congress the advisability of making the use of the metric system obligatory in all the departments of the National Government.

Dr. Frank Donaldson, from the section on Psychology and Physio-

logy, read a paper on "spontaneous generation," giving a review of recent experiments and arguments bearing upon the subject.

#### FOURTH DAY.

This was the last day of the convention, and was taken up by volunteer papers, and miscellaneous business.

Dr. Jos. A. White exhibited a child two years old, with a remarkable growth from the orbit. The growth appears to be an osteosarcoma, or enchondroma; it was believed to take its origin from the Ethmoid. At present the tumor occupies the whole of one side of the face. The case was examined with great interest by the members of the Faculty. (Dr. White stated afterwards, in conversation, that engravings of the child's head would be made, which could be obtained by any one for the cost of production).

Dr. I. D. Thompson read an exceedingly good paper on "General paralysis of the Insane," relating a number of cases of the affection.

Dr. L. McLane Tiffany reported the first successful case of osteoplastic resection of both upper jaws. The operation was performed for the removal of an adeno-sarcoma of the pharynx, growing from the base of the skull. The growth was removed by the thermo-cautery. The patient made a good recovery with scarcely any deformity of the face.

Dr. A. F. Erich, related a "case of double vagina," the first of the kind reported in this city.

Other papers were read—by Dr. Wm. Lee, on "differential diagnosis of Diphtheria and Membranous Croup," by Dr. John Van Bibber on "a new treatment of Chorea," Dr. J. R. Uhler on "a simple means of estimating Urea," (with demonstrations), and by Dr. Alex. Hill on "the laws of heredity."

Drs. Roberts Bartholow, of Cincinnati, S. Weir Mitchell, of Philadelphia, and J. M. Toner of Washington, were elected honorary members.

Dr. Samuel P. Smith of Alleghany county was then elected president for the ensuing year. After election of other officers and committees, the convention adjourned *sine die*.

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## BALTIMORE MEDICAL AND SURGICAL SOCIETY.

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(Reported for the Maryland Medical Journal.)

The subject for discussion at the meeting on February 7th, *Diphtheria*, was introduced by Dr. D. W. Cathell, who in the course of his remarks called especial attention to the necessity of differentiating between this disease and Erysipelas of the fauces. In treatment of simple cases he relied upon the tincture of chloride of iron, chlorate of potassium, and good food. Had very little faith in the efficacy of local treatment, believed it to be positively injurious in some cases.

Dr. A. B. Arnold agreed with Dr. Cathell in the uselessness of local treatment. He used exclusively a saturated solution of chlorate of potassium, repeated at frequent intervals, (one-half to one hour,) in drachm to half ounce doses of the solution.

Dr. Monmonier related several very interesting surgical cases, in which cicatricial tissue obstructed the circulation in limbs to such an extent as to interfere with proper nutrition of the parts.

Dr. Leonard reported the following cases: A man had traumatic lymphangitis of hand and arm, followed at an intervals of some weeks by an affection of the foot and ankle resembling rheumatism, and treated as such without effect, for several weeks. The case having passed into Dr. L's care was considered as erysipelas, and treated by large doses of tincture of chloride of iron and compression, when it rapidly improved. Another case presenting similar symptoms was considered as a case of rheumatism of ankle-joint with erysipelas superadded. This also rapidly improved under the use of tincture of iron.

Dr. Rohé called attention to the apparently close connection between rheumatism and erysipelas. He thought rheumatism might be considered erysipelas of the synovial membrane. It did not spread like erysipelatous inflammation of the skin or mucous membrane, because the serous membrane lining the joints was limited in extent. The inflammation did spread as far as it could go. Another argument in favor of this view was that similar treatment was effectual in both diseases. Thus he had recently used salicylic acid in erysipelatous fever with quite as much effect as was obtained with the same remedy in acute rheumatism. Dr. Bell who first recommended the tincture of chloride of iron so highly in erysipelas, has also recently advocated its use in rheumatism. The view of the relationship between the two dis-

eases is also supported by the observations of Sevestre, Jaccoud and Da Costa, of the frequency of endo—and pericarditis complicating idiopathic erysipelas.

Dr. Caldwell related a case of stricture of the urethra, following gonorrhœa. He had dilated the stricture moderately with sounds, and afterwards used electrolysis with good effect.

Dr. C. C. McDowell related a case of stricture of the œsophagus, in which the strictured portion of the tube had become choked up by a piece of meat. As no emetic could be introduced into the stomach, and not wishing to resort to instrumental interference until compelled, he had administered small doses of pepsin, which finally digested the meat to such an extent, as allowed it to pass the stricture.

Dr. Leonard suggested the hypodermic use of tartar emetic, or apomorphia, where obstruction of the gullet prevented an emetic being administered in the usual way.

A case of severe injury of the ankle-joint was reported by Dr. Monmonier. The joint was entirely exposed, and opened on the inner side. In a similar case under his care some years ago, he had amputated. In the present case an effort was made to save the member, with entire success. The plaster and dressing had been applied to secure perfect immobility of the joint.

The therapeutic value of hydrobromic acid being under discussion, Dr. Caldwell stated he had used it with success in a case of Epilepsy; also used it as an adjuvant to quinia, the unpleasant cerebral effects of which it prevents.

The remedy had been used with good effect in dysmenorrhœa, by Dr. C. C. McDowell.

Dr. Leonard had recently used hydrobromic acid largely, and with good effect in recurrent colic, dysmenorrhœa, and acute indigestion, or so-called "biliousness."

Dr. Cathell used exclusively in dysmenorrhœa, the *liquor ammoniæ acetatis* of the Pharmacopœia. It was first recommended—as nearly as he recollected—by the late Dr. Gunning S. Bedford. He gives it in tablespoonful doses every four hours, sometimes adds a little morphia to each dose. When given in the beginning of the attack it is as much a specific in dysmenorrhœa, as quinine is in malarial fever.

Dr. Arnold related a case of pelvic abscess presenting some peculiar features. Some hours after delivery, Dr. A., was summoned, and found the patient suffering with severe abdominal pain, fever, and de-

lirium. Directed leeches to the abdomen, and gave an anodyne. Next morning the patient was somewhat more comfortable, but still complained of tenderness at a point on left side of belly. After a few days the left leg was drawn up, the pain recurring in paroxysms along the course of the sciatic nerve. The sciatica was relieved by hypodermic injections, but recurred daily for ten weeks. In the tenth week a hard lump became developed just above the left trochanter major, with an indurated cord—the fistulous tract—running forward toward the pubis. An abscess formed which was opened, and at the end of three months from the beginning of the trouble was still discharging pus. The leg is still drawn up, but immediately relaxes after a hypodermic injection of morphia. He has had a case where the abscess broke into the rectum, and continued discharging for six months, and one where it had opened into the vagina, which closed up in a month.

Dr. Monmonier related similar cases, in one of which the abscess continued discharging for eighteen months.

The regular subject for discussion at the meeting of March 14, was introduced by Dr. G. Leibman, who spoke briefly of "Some Remedies in Cholera Infantum." In the acute stage, where there is almost incessant vomiting and purging, great thirst, and danger of fatal collapse, the most reliable remedy in his experience, is the old *potio Riveri*, which is a mixture of lemon juice and carbonate of potassium, somewhat similar to the *mistura potassii citratis* of the U. S. P. In some cases the addition of small doses of paregoric is of use. This mixture generally relieves both the vomiting and purging. Should the diarrhoea continue after the vomiting has ceased, it rapidly yields to gentle astringents, as chalk mixture, or tannic and gallic acid. In the chronic cases of cholera infantum, which are really not cholera, but now entero-colitis—he finds chalk mixture with minute doses of opium to answer well in many cases. A few years ago he had accidentally stumbled upon a remedy of exceptionally great value in persistent chronic cases of entero-colitis, especially where the nervous symptoms were prominent. This is the oxide of zinc, given in one grain doses. Last summer he used minute doses of opium and ipecac, ( $\frac{1}{4}$  gr. Dover's powder,) in addition to the oxide of zinc.

Dr. Evans referred briefly to the causes of cholera infantum and doubted the *curative* effect of any medicine so long as the causes continued acting. In his experience, opium and acetate of lead, discreetly used, were the most valuable remedies. He gives the acetate

of lead in solution in peppermint water, adding minute doses of morphia. In this way it does not produce further irritation of the stomach.

Dr. Monmonier considered cholera infantum a disorder of the nervous system and treated many of his cases with stimulants. When the liver is not acting properly, as indicated by the character of the dejections, he uses minute doses (one-twenty-fourth one-twentieth gr.) of calomel. Above all medication he places strict and intelligent direction of the diet.

Dr. Arnold spoke at some length of the unsatisfactory condition of our knowledge of both the etiology and therapeutics of this affection. It prevails especially in the large cities on the seaboard. The inland cities are never so severely visited. The morbid causes, although they seem to be dependent upon high temperature, high humidity and overcrowding are not well defined. There is a considerable variation between the mortality and morbidity of this affection in different years. In the acute cases he uses brandy and ice internally, ice to the head, warm bath or pack. In chronic cases the main point claiming our attention is the character and quality of the food.

Dr. Grove had treated last summer, a series of six cases by systematic dieting alone, giving no medicines whatever. He had directed milk to be given in very small quantities, but frequently repeated. All of these cases recovered.

Dr. Arnold reported the following case:—A man aged 40 had always been in good health until the last six or eight months, when he noticed a gradually increasing weakness of the right leg and arm. He frequently had difficulty in keeping his balance when walking fast. Occasionally had vertigo with diplopia, at times intense paroxysmal pain over region of the heart. Recently the paresis of lower extremity had shifted to the left leg, and had become worse. The patient found it now necessary to have an attendant when walking, in order to prevent falling. Latterly there has also appeared partial anæsthesia of the right leg and arm. Physical examination revealed no trouble about the heart, to account for the painful attacks. Patient's history gave no clue to the origin of the disease. By exclusion the tentative diagnosis of syphilis was made, and it was determined to test this conclusion by treatment. The man was given twelve grains of iodide of potassium thrice daily, and is now nearly well. The doctor thinks the result of the treatment justifies the diagnosis. He further called attention to the fact that the changing, shift-

ting, imperfect paretic condition is most likely to be due to syphilis. In this case there were no confirmatory symptoms as headache, and mental aberration, which are so often found in syphilitic nervous affections.

There was partial alopecia, and the vertigo and diplopia, but these symptoms could just as easily have been due to some other condition.

The Committee of Honor to whom were referred charges, for unprofessional conduct and violation of the Code of Ethics, against Dr G. C. Dohme, a member of the Society, reported that the evidence presented had fully sustained the charges and recommended that Dr. G. C. Dohme be expelled from the Society. The report of the Committee was unanimously adopted

It was further moved and unanimously adopted to incorporate a notice of this action in the proceedings of the Society as published in the MARYLAND MEDICAL JOURNAL.

GEORGE H. ROHÉ, Recording Secretary.

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## PROCEEDINGS OF BALTIMORE MEDICAL ASSOCIATION.

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[*Reported for the Maryland Medical Journal.*]

MARCH 25, 1878. Dr. Maddox reported the case of a man suffering from the effects of an old Carbuncle, the muscles were destroyed by the inflammation, and the vertebræ were exposed. Dr. M laid open the pouches which had formed, put him on active treatment, he made fine progress, but was finally taken worse, had a little hacking cough, on examination found that an abscess had formed in the right lung, and an abscess through the liver, and passing down to the right leg. The upper part of the leg was punctured, and drew off about *one* gallon of pus; the patient died shortly afterwards.

Dr. Patterson related a case occurring twenty years ago in Cincinnati. The abscess had formed in the back of the neck, the pus had burrowed and pointed in various portions of the body, as the legs, feet, arms &c, in all over 40 openings; the patient of course eventually died. The doctor remarked, that he reported the case for the purpose of showing how pus will burrow among the muscles, and make its exit in various distant portions of the body.

Dr. W. F. A. Kemp was reminded of a case occurring in his practice a few years ago. The patient refused to have the carbuncle incised. On account of certain circumstances he did not see the case for two weeks, found it to be much sacculated; he punctured, but obtained only about a gill of pus; the skin sloughed, the vertebral column was exposed, he had metastatic abscesses in groin, perineum and knee, pulse 120, respiration much labored; he almost gave up all hopes of the case recovering, gave brandy, and iron with quinine and strichnia, had cough, night-sweats and many signs of pyemia; the patient eventually recovered.

Dr. Maddox believed that all carbuncles should be incised, and he often used ether spray as a local anæsthetic. The part frozen sloughs sooner than the other parts not chilled, and much time is saved, the cicatrix is much smaller, and the pain is much lessened.

Dr. Kemp related the case of a man, who attempted suicide by cutting his throat, he missed the jugular vein, but cut the sub-lingual artery; used tension, and kept up digital pressure for forty-eight hours; patient recovered.

Dr. Joseph T. Smith reported a case in which the diagnosis is obscure. He was called to see a young lady recently married, the patient thought she was dying, as also did her friends; found the pulse somewhat excited, no other prominent symptoms; gave bromide of potash, the next day was much improved. At that time, was called on to prescribe for her husband, complained of pain in the head, the pulse was normal, digestion and bowels natural; gave bromide of potash. Was sent for same night, patient complained of increased pain in his head, the pulse remained normal; gave twenty grains of chloral with bromide of potash, repeated the dose every hour, at fourth dose, he went to sleep. The next day he was blistered back of the head, the pulse continued natural. For two days the symptoms remained about the same. At this time called Dr. Linthicum in consultation, gave ten grains of calomel, with no signs of improvement. The chloral was continued, found that 150 grains would not put him to sleep, on the evening of the fifth day had an attack similar to hysterics. On sixth day consulted with Prof. Miles, gave morphia in large doses; he slept well under its influence, repeated the dose the next morning; the patient rapidly convalesced. The diagnosis is doubtful, although some of the symptoms indicated anemia of the brain.

Dr. Maddox thought that the symptoms indicated that it was a case

of neuralgia, and that morphia was indicated in the incipency of the disease, especially hypodermically.

Dr. Smith wished to be informed what form of neuralgia did Dr. M. consider it to be, in this case?

Dr. M. was uncertain.

Dr. F. W. Patterson called to mind a case occurring during the past summer. About 11 o'clock at night was sent for to see a man, lying in bed, (he having retired about fifteen minutes previously,) he was totally unconscious, eyes fixed, no movement, he was of a tall, rather slight build; he remained unconscious for one and a half hours, pulse feeble, applied mustard over chest, and to the extremities. As soon as he was able to swallow, gave bromide of potash, valerian and ammonia. The next day he was able to attend his regular duties. He had a similar attack several years previously. The doctor questioned, and found that he had sexual intercourse with his wife immediately previous to this attack, and drew his conclusions that it was the result of the nervous influence on the brain.

Dr. Maddox related a case somewhat similar occurring in a recently young married man of full apoplectic habit, he was bled, and made good recovery.

Dr. Patterson remarked that a professional friend had related ten similar cases to him.

Dr. Sellman reported the case of a young lady, whom he was called on to treat for "fistula in ano," he passed a probe into external opening, and introducing a finger into the rectum, was about completing the examination, when the patient complained of much pain and faintness, so much that he desisted; he told the patient that he would operate in six weeks. At that time gave patient chloroform, with the assistance of Dr. Jas. E. Gibbons. When sufficiently under the influence, proceeded to examine and found that the fistula had completely healed. Dr. S. thought the irritation produced by the introduction of the probe, produced this result.

PROCEEDINGS APRIL 8, 1878.—Dr. Jas. E. Gibbons read a paper on Hydrorrhœa. He mentioned the existence of three forms, viz: H. Catarrhal, H. Gravidum and H. Puerperal. The doctor proposed to speak of the second form (H. Gravidum) alone. He said it is a flow of water or serous fluid, which occurs during pregnancy; sometimes spoken of as "false waters." Discharges of fluid from the uterus, may occur at any time during pregnancy; but are more frequent during the latter months, especially the last (the ninth). The

frequency of such discharges and quantity lost each time, varies in individual cases. Sometimes the liquid comes away in a gush, at other times drop by drop. As a general rule the woman enjoys her usual health before the discharge comes on, when unexpectedly she finds herself wet, the fluid escaping slowly, or else she hears the peculiar sound produced by the sudden irruption of a considerable quantity of the waters. In most cases, she suffers no pain either before or after. This discharge, though it sometimes happens that the rapid depletion of the uterus, and the consequent partial retraction, brings on contraction of the uterus, which causes pain. If this exists to a great extent, there is great cause to fear abortion. The liquid is usually a little yellowish, very limpid, and at times tinged with blood, leaving stains upon the linen, and having a spermatic odor; but so much resembling the amniotic fluid (if not really identical,) as not to be easily distinguished from it. Various opinions have been advanced as to the nature, and seat of these waters. Some learned authorities have supposed that they were contained between the chorion and amnion, and that their escape is due to a laceration of the chorion. Ruych and Roeduer held the opinion that it came from lymphatic vessels, or of hydatids of the *uterus*. Böhmei thought it escaped from a second abortive *ovum*. Delamotte and Cruvillier that it had its origin in a cyst near the ovum; Deluerye, Puzos, Naegele and Dubois, that it came from the inner surface of the *uterus*, being secreted externally to the ovum. Dubois holds the opinion that it is the result of loosening of the membranes from the *uterus*, when the vessels pour out serum. Hegar says the source is the uterine glands of the decidua.

Dr. Gibbons cited quite a large number of other learned authorities, and the opinions held by them, of whom want of space will permit us to mention only Leishman, who is of the opinion that the affection arises from a secretion, which has its source in the inner surface of the *uterus*, and which in proportion to its quantity, separates the coverings of the ovum from their uterine attachments. A pouch is thus formed between the decidua and the womb, which gradually increases as more fluid becomes effused, until, making its way downward towards the *cervix*, it finds a mode of exit. Whatever may be the cause or seat of the discharge, the waters at term, are said to be not less copious in women who have lost "false waters," than in those who have not. Dr. Gibbons thought that it might operate in some cases in producing what we call "dry labor."

The treatment consists in enjoining absolute rest, in the horizontal position, and in case there is any *uterine* contraction or pain, some form of an opiate.

Dr. Gibbons remarked that he thought the condition of rare occurrence, but that it did not in the least lessen the importance of recognizing this condition when met with in pregnant women. Happening as it does, most always during the last month of pregnancy, it is often mistaken by the ignorant for commencing labor. In a case which occurred in my own practice, a *midwife* was endeavoring to produce labor, because (as she expressed it,) the waters had burst, she had given warm teas, had been and was still kneading the abdomen vigorously. The patient was suffering very decidedly with pain, and with each pain a considerable flow. On examination found *os uteri* somewhat dilated and patulous, the membranes seemingly not ruptured; caused a discontinuance of all efforts to produce labor, ordered perfect rest, and gave twenty drops of deodorized tincture of opium, repeated every two hours. Some discharge and pain continued several days, but finally ceased. At the end of a week patient up and apparently well; she went to term, and was delivered of a healthy child. The discharge in this case was no doubt, what we call Hydrorrhœa, and if the ignorant attendant had been allowed to persist in her efforts, would no doubt have produced abortion.

Dr. Morris thought that a valuable paper had been read before the society, but would differ in some particulars with the author's conclusions. He thought that it was a very frequent affection, he had himself seen over one hundred cases. The pregnancy is always advanced to the eighth or ninth month. In his early cases, he mistook the fluid as coming from the bladder, but experience has since taught him the error. He thought that it always came as a gush, and held the opinion that it does not affect the quantity of waters at term, and at no time risked the life of the patient.

Dr. C. H. Jones had seen this affection frequently, and has in no case found it to be accompanied by pain. He held the opinion that there was no rupture of the membranes; if an opening did exist all of the fluid would be lost. The theory advanced by Dr. J., was that the membranes were divided by a septum, of an hour-glass character, this is ruptured by the gravity of the child, this affection never causes dry labor.

Dr. Morris at this point in the discussion, spoke of the immense quantities of amniotic fluid found in some cases. He related a case

occurring recently, where the course of the labor was arrested, until relieved by the mechanical rupture of the membranes, the quantity of fluid in this case was so great that the doctor would not test the credence of his medical brethren by naming it.

On motion the discussion of the subject was dropped.

Dr. Quinan was announced to read a paper at the next meeting. Dr. J. S. Conrad four weeks from to-night.

On motion the Society adjourned.

WM. A. B. SELLMAN, M. D., Reporting Sec'y.



## SELECTIONS.

FILTRATION OF WATER USED FOR DRINKING PURPOSES.—I beg leave to call your attention to the following remarks suggested to me by reading a lecture published in a late number of the *Deutsche Vierteljahrsschrift*, and delivered by Professor Gustav Bischof, of the University of Bonn, (Germany,) at the royal society of London, (England).

Water used for drinking purposes may be rendered very impure by organic substances in a state of putrefaction without our having the least suspicion of it, but yet this kind of putrefaction renders the water very deleterious. Organic matter in a state of putrefaction contained in drinking water is of itself a cause of disturbance in the human organism; but when united with the lower organisms as *Notomata*, *Amœba guttula*, *Verticella*, *Cyclops*, *Spirilla*, *Bacteria*, etc., some of which are recognized by their connection with Cholera, Typhoid fever, Diphtheria, etc., then it will immediately produce wide spreading epidemics. These organisms show their poisonous properties only when in connection with organic matter in a state of putrefaction. Chemical analysis cannot distinguish between fresh and putrid organic matter and therein lies the essential deficiency of all analytical methods of examining water.

Considering this fact, Professor Bischof attempted an indirect method by a new and peculiar process, and proved that all elements of putrefaction can be removed from drinking water by means of filtration through iron-sponge. This filtering material can be obtained by the reduction of hæmatite with coal at a very low temperature.

According to an analysis made by Professor Rudolf Wagner of

the University of Wuerzburg, (Germany,) the sponge-iron produced from the "purple ore" is composed of—

Oxyd of iron,	95.10
Copper,	0.18
Sulphur,	0.07
Oxyd of lead,	0.66
Oxyd of calcium,	0.20
Oxyd of natrium,	0.13
Sulphuric acid,	0.78
Silicates,	2.13

Another analysis sample showed the following composition :

Oxyd of iron,	8.15
Peroxyd of iron,	2.40
Metallic iron,	70.40
Zinc,	0.30
Copper,	0.24
Lead,	0.26
Carbon,	7.60
Silicate of alumina,	0.19
Silicon,	9.00

The traces of copper and lead in the above mentioned analysis may be removed by suitable manipulations, the result being an entirely harmless filtering material.

Referring again to Professor Bischof's experiments; he took fresh meat, boiled it until all its putrefying elements were destroyed and then exposed it for several months to a spray of water filtered through sponge-iron without being able to detect any decomposition or putrefaction. He then made the same experiment, using instead of water filtered through iron-sponge, water filtered only through charcoal or bone-black, which are, as everybody knows, in common use as filtering materials. Within about a fortnight the meat showed clearly incipient decomposition, and at the end of the fourth week it was completely putrefied.

Hence the conclusion seems to be justified that the lower organisms, as *Spirilla*, *Bacteria*, etc., will be forever made entirely harmless by filtering the water through sponge iron.

In accordance with the foregoing experiments is another observation made by the same gentleman, that the fluid of a privy-vault filtered through an apparatus packed with sponge-iron, has kept perfectly clear for over five years in an air tight bottle half filled with the

same, although this bottle was exposed to the sunlight during this period.

Similar experiments have been made by other high standing professional men; for instance, Professor Rudolf Wagner, who was sent by the German Empire as reporter to the Centennial Exhibition at Philadelphia, mentioned in his annual report on Chemical Technology, (vol. xvii, p. 692; vol. xix, p. 709; vol. xx, p. 817, and vol. xxii, p. 177,) the sponge-iron is an excellent filtering material, which possesses the power of destroying vegetable and animal life. In the same manner Dr. Otto Daumer expressed himself in his Dictionary of Chemistry, p. 779, stating that organic substances might be effectually removed by filtering the water, to be used for drinking purposes, through iron-sponge.

Really we have to admit that our knowledge of the organisms now generally considered as the causes of the various epidemic diseases, is not sufficiently advanced to show by experiments the direct influence of the spongy iron on them. It is probable that these organisms, as well as the Spirilla, Bacteria, etc., are rendered harmless by filtering through the sponge-iron, but as long as we are unable to isolate them to a certainty, only practical experience can decide the question.

Should the desired result not be obtained, should the organic substances not be destroyed, together with the organisms, which are the cause of putrefaction, then the iron-sponge will or may at least enable us to isolate them; otherwise we have found in this filtering material an agent, which is capable of preventing the spread of epidemic diseases.—Dr. Jungbluth in Toledo *Medical and Surgical Journal*.

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A STRANGE CASE:—'Tis an old saying that "truth is stranger than fiction;" and certainly the case I am about to relate is the strongest evidence of its truth. The case in question has reference to the little daughter of Mr. Samuel B., who resides in North East, Simpson county, Kentucky. As far as I know, both parents of the child are healthy, there being nothing in either to indicate the hereditary transmission of the disease. In March, 1877, she reached her fourth year, and at that time had attained the unprecedented weight, for that age, of one hundred pounds. She measures eighteen inches across the chest and nearly five feet in height. Her mammæ were as fully developed as they are at puberty, and she menstruated regularly. Up to February, 1876, though, as shown above, she was remarkably developed; she

had given no indication of the following strange phenomena. At that time her person became suddenly warmer than normal, and hair, soft and downy in color, like that of her head, commenced growing all over her body. In a short time it had completely covered her body with the exception of her face, palms of her hands and soles of her feet, and the skin was entirely hid from view. From the entire surface of her body there is a constant and profuse perspiration, of a very offensive odor, which is easily distinguishable at some distance from her. So profuse is it that in half an hour after being cleanly washed and dressed, her person and clothing will become saturated as thoroughly as if a bucket of water had been thrown over her. The perspiration is characteristic, being of a dark yellow color and of greater specific gravity than usual. Her voice is coarse like a man's and sounds as though she was speaking in a barrel. Her strength is equal to that of a full grown man. Her intellect is much beyond her years. Her form is perfect. These things all together go to make up the most wonderful case I ever heard or read of, and I think will be read with interest by every one. I will not attempt to account for its causation, but leave to the medical philosophers to solve the problem.—*Dr. Robb in Nashville Journal of Med. and Surgery.*

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THE INFLUENCE OF THE UTERUS IN EYE-DISEASES.—At a late meeting of the Obstetrical Society of Dublin (*British Med. Journal*, Feb. 23, 1878,) Mr. H. R. Swanzy read a paper on this subject. He said that most eye-diseases were dependent on some distant organs, such as the heart, kidneys, spleen, and the uterus. Up to the present, very little was known concerning the relationship existing between the eyes and the uterus. He thought that this was due chiefly to the fact of few ophthalmologists being experienced gynæcologists, and *vice versa*. The first disease which Mr. Swanzy brought under notice as having its primary cause in the uterus was iritis, occurring in young girls from about the eleventh to the seventeenth year of age—*i. e.*, within a period varying from two to three years prior to the establishment of menstruation up to two or three years after they commenced to menstruate. Mr. Swanzy was unable positively to connect this disease of the eye with the uterus, but was inclined to believe the uterus the starting-point of the iritis, for three reasons. 1. Iritis was extremely rare at such an early time of life, unless dependent on congenital syphilis, or secondary to corneal diseases. 2. He had never seen a

similar case in the male. 3. When the disease was found to occur with a certain frequency at a time of life when the uterus was approaching maturity or had lately reached it, and when all other causes were excluded, the inference was fair that the uterus had given rise to the iritis. The form of iritis in all these cases was similar; there was little or no pain, and but little vascular injection of the eye or photophobia. The treatment Mr. Swanzy used in these cases was chiefly local during the acute stages of the inflammation, and, when the inflammation had subsided, he gave iron. Inflammation of the optic nerve and retina might depend on disturbances of menstruation. In 1873, Mr. Swanzy had under his care a girl aged 10, suffering from neuro-retinitis, whose menstruation was sparse and painful, and in whom the eye affection always became aggravated at the monthly periods. Cases of optic neuritis had been seen where menstrual disturbances had gone before. Von Gräfe recognized the existence of such a connection. Mooren had seen cases of neuro-retinitis after suppression of menstruation, and he was of opinion that retroflexions of the uterus and ovarian tumours might give rise to the same affection. Atrophy of the optic nerve had been noted repeatedly by Pagenstecher as occurring in women who had suffered from severe menstrual disturbances, which he regarded as the cause of the eye-disease. Retinal apoplexies were sometimes the consequences of cessation or suppression of the menses. Kōpiophia hysterica had till lately been classed among eye diseases, but it was now known to be nothing more than a symptom of an uterine disease. It was not a common disease; and it was only quite lately that it had been fully described by Professor Förster in his article in von Gräfe and Sämisch's new *Handbook of Ophthalmology*; and the pathological conditions of the uterine apparatus invariably found accompanying it by Professor Freund of Breslau were mentioned by him. Dr. Freund had found, by means of a large number of *post-mortem* examinations of women who had complained of these eye-symptoms, that they were uniformly affected with uterine disease, which he claims to have been the first to have recognized.

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NOTE ON TWO CONTRASTED FORMS OF WEAK LABOUR.—Dr. Matthews Duncan communicated to the Edinburgh Obstetrical Society (*Edinburgh Med. Journal*, Feb. 1878) a note entitled as above, of which the following is an abstract:—

“The two forms of weak labour spoken of by Dr. Duncan in this

paper are frequently confounded with one another with injurious practical results ; but they are essentially different, and require a correspondingly different treatment. The one form is common and well known, the other has only been recognized of late years, and is not yet at all well known. The common form depends upon inertia of the uterus, and is most frequently seen in multiparæ who have had many children and are elderly. In this case, the uterus is not stimulated to sufficient activity, and the delay is due to inefficiency and infrequency of the pains. The state of the after-birth is apt to be attended with hemorrhage. The rarer form is due to a quite different case, and is, in many respects, a contrast to the former. It occurs chiefly in primiparæ, or in young women who have a special nervous mobility. Here the uterus is unduly but morbidly active. The tonic permanent contraction goes on with premature and injurious rapidity ; the intermittent pains are frequent and painful, but inefficient. The body of the uterus, with its fundus higher in the abdomen than usual, is retracted over the body of the child, so that it forms only a comparatively small cap over the lower fœtal parts, and a distinct rim or sulcus can be felt a little below the umbilicus, where the contracted uterine body is attached to the greatly expanded cervix. The condition of the uterus in this form is similar to what is found in labours where the advance of the child has been long obstructed, and it is attended with like danger, yet there is no apparent difficulty in propelling the child and no obstruction. The treatment of two forms of labour so distinct from one another is naturally different. In the former, where the delay is due to inertia, the uterus is to be stimulated by oxytocics—of which ergot is the best—and by kneading, rubbing, and similar means. In the latter, or premature uterine retraction, the uterus is not to be stimulated but soothed ; opium and chloroform may be useful, but all oxytocics are to be avoided. Early delivery, if necessary with the forceps, is desirable. A case is given in which the second of these two forms was accurately observed."

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THE COMING DUTIES OF THE ACCOUCHEUR.—Prof. Gaillard Thomas, lecturing on a case of neglected prolapsus uteri, makes (*New York Medical Record*, December 22) the following observation:—

"The time is not distant when confinement cases will be treated very differently from what they are at the present day. This is a subject of the utmost importance. There is the most urgent need of a radical change in the practice of the majority of the profession, and

the time is ripe for the appearance of a stirring and able paper on 'The Proper Management of Natural Labor,' which will awaken medical men to a sense of their duty in obstetrical cases. The physician should be expected and required to visit his patient from time to time all through her pregnancy, in order to see that everything is progressing favourably for a successful delivery, and to remove, if possible, any condition (as albuminuria, for instance) which is likely to interfere with this; and I am fully convinced that it will not be long before the accoucheur who does not pursue this plan will be held culpable. Again, he will be held equally culpable if he discharge his patient at the ninth day, or at the end of a fortnight, without making a physical examination, to ascertain that the parts have sustained no injury from the strain and pressure of parturition, and that the process of restoration to the normal condition is going on satisfactorily. A little attention paid at that time will often prevent the most serious consequences in the future. If the physician had made such an examination in the case, and had found the cervix lacerated, he might have waited a month, and then, ascertaining that trouble was resulting from it, he should have sewn it up, and also restored the perineal body which had given way. . . . All this could have been readily done in the second month after delivery, and it would certainly have been a great deal better to do it than to wait thirteen years before undertaking the operation. It is true that this woman has suffered comparatively little pain and inconvenience in consequence of the neglect of her physician, but this is a very rare exception to the general rule; and, as I said before, the time is not far distant when the medical man will be held responsible for allowing such a condition to continue without interfering to prevent the evil results so sure to follow from it."—*Med. Times and Gazette*.

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ON THE COMBINED USE OF CHLOROFORM AND MORPHIA.—Professor Kœnig, in a communication to the *Centralblatt für Chirurgie* (No. 39, 1877), says he has combined the hypodermic administration of morphia with that of chloroform in a large number of cases, with very favourable results. It is seldom necessary to give more than one or at most two centigrammes (one-sixth to one-third grain).

The indications for the use of morphia during chloroform-narcosis are twofold: 1. Motor disturbances occurring before or during chloroform-inhalation unless these are very transitory: 2. Operations of such a nature that the chloroform-narcosis cannot be maintained

throughout, and especially towards the end. Among the latter may be particularly mentioned operations upon the eye, plastic operations, extirpation of tumours from the soft parts of the face. The object of using morphia is to induce analgesia over and above the chloroform-narcosis, and also that this narcosis should not be pushed so far. As regards any danger which may be connected with the combination of narcotics, Koenig esteems this lightly. He says that out of seven thousand cases in which he has used chloroform, none have died from it, and many of these took morphia also.—*London Med. Record*, Feb. 15, 1878.

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THE PHYSIOLOGICAL ACTION OF GLYCERINE.—We drew attention some time ago to some interesting and important experiments made by M. Catillon upon the physiological and therapeutic action of glycerine (MONTHLY ABSTRACT, June, 1877, p. 241). It will be remembered that he found that glycerine caused a considerable diminution in the excretion of urea, a rise of temperature, and, when continuously employed, an increase of weight. He proved, too, that it was entirely absorbed, unless given in very large quantity, when a small proportion escaped by the urine, and that it could not be found as such in the blood. Hence he concluded that it served as a supporter of combustion, and saved the waste both of the fatty and nitrogenous tissues, this explaining the increase of weight, diminution of urea excretion, and rise of temperature. But he did not show at the time, by direct experiment, that the products of combustion, in the shape of carbonic acid and water excreted by the lungs, were proportionally increased, which they should be if this view were correct, and this he has now done by further experiments, recently communicated to the Societe de Biologie, which were made in M. Vulpian's laboratory. He found, by experiments on dogs, that the percentage of carbonic acid in the breath was notably increased by administration of glycerine, and that not only did it augment with increase of dose, but this augmentation lasted longer the larger the dose. The increase of carbonic acid began to show itself about an hour after taking the glycerine, reaching its maximum in three or four hours, and lasting from five to ten hours. And not only was the percentage in the expired air increased, but the total quantity was also greatly increased, so that nearly all the carbon contained in the glycerine was accounted for in the carbonic acid. This result seemed to be attained by an increase in the amplitude of the respiration, their number containing

the same ; but it was not proved that this increased amplitude became greater with a larger dose. It was proved, too, that where disease of the lungs, such as pneumonia or emphysema, existed, there was still the increase of carbonic acid. A very important point, also noted by M. Catillon, is that the transformation of the glycerine into water and carbonic acid seems to be direct, no intermediate oxidation product, such as glyceric, formic, or oxalic acids, being discovered in the blood. —*Lancet*, March 2, 1878.

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REMEDY FOR SMALL-POX.—The following never-fail has been going the rounds of the press, and like many other reputed never-fails, makes very extravagant claims to the confidence of the public. We have not tried the remedy, but have no doubt but its virtues are greatly overstated, and yet we have no doubt but it is much superior to many popular remedies composed of poisons. Edward Hine, a correspondent of the *Liverpool Mercury*, sends the following to that paper. The recipe which it contains may be of service :

“ I am willing to risk my reputation as a public man, if the worst case of small-pox cannot be effectually cured in three days, simply by cream of tartar. This is the sure and never-failing remedy: one ounce of cream of tartar, dissolved in a pint of boiling water, to be drank when cold at short intervals. It can be taken at any time, and is a preventive as well as a curative. It is known to have cured a hundred thousand cases without failure. I have myself restored hundreds by this means. It never leaves a mark, never causes blindness, and always prevents tedious lingering.”

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A RIVAL TO CARBOLIC ACID.—Prof. Volkmann, of Halle, who has achieved such brilliant results with the use of Lister's method in surgery, has adopted the new antiseptic, thymol, in his clinics. His assistant, Dr. Ranke, reports fifty-nine operations in which thymol was used in place of carbolic acid, with strikingly good results. These operations included several amputations—of the leg, arm, breast, and foot ; four excisions of the elbow ; a gunshot wound of the knee-joint ; a secondary amputation of the thigh ; an excision of the hip, one of the shoulder, etc. The results obtained thus far in the major operations show that, under thymol, the secretion is much less and the rate of healing much quicker than when carbolic acid is used. Thymol has the advantage of being innocuous and almost non-irritant, and of

not causing the least anæsthesia of the skin. The solution used consisted of thymol 1 gramme, alcohol 10, glycerine 20, and water 1,000 grammes. The much greater expense of thymol is counterbalanced, Dr. Ranke maintains, by the smaller quantity required and the fewer bandages needed.—*Bi Weekly*.

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ABORTIVE TREATMENT OF FURUNCULUS.—Dr. Lieven observed at the Petersburg Medical Society (*Petersburg Med. Woch.*, Dec. 29) that all modes of treatment hitherto tried (such as early incision, cauterizing, and cold or warm applications) have failed to arrest the further development of furunculus that has once commenced. The following procedure, however, brings it to a stand: A burning, pricking, itching, suddenly occurring in a normal portion of the skin, announces the commencement of the development of the furunculus, and on the same day a small and quite superficial induration can be felt at the spot. If the skin be now superficially scraped with a small knife, so that a drop or two of blood may be pressed through the epidermis, no furunculus will be developed. This result would seem to show that the affection originates in the uppermost layer of the corium, and perhaps in the capillaries of the papillæ, and not, as hitherto received, in the subcutaneous connective tissue, with succeeding necrosis of the corium and epidermis. Disturbance of the digestive organs (frequently diarrhœa) always precedes or accompanies furunculus; but a plethoric or decrepit constitution is no necessary condition, as it may occur in one that is quite normal.—*Med. Times and Gazette*, Jan. 19, 1878.

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INJECTION OF PERCHLORIDE OF IRON IN UTERINE HEMORRHAGE. In a recent discussion at the Obstetrical Society of London on the value of injection of chloride of iron in uterine hemorrhage, Dr. Robert Barnes said the point of the syringe should be carried to the fundus. This could only be insured by introducing the hand into the uterus. Clots should be removed before injection. One to four is a good strength, but a stronger solution might be used if necessary, but it should not be escharotic. This means of arresting hemorrhage had stood the test of experience, and had saved many lives. The test for its use is the possibility of exciting reflex action. Where this cannot be done, use perchloride of iron.—*Med. Times and Gazette*, Jan. 19, 1878.

BICARBONATE-OF-SODA DRESSING FOR BURNS.—Dr. Ely McClelland, U. S. A., reports the following interesting cases in the *Louisville Medical News*. He says he has had considerable experience in the use of bicarbonate, and selects these as of the most interest :

CASE I.—A half-breed Nez Perces child received a terrible scald of the first magnitude, involving the greater portion of the scalp, the right side of the face, the neck, shoulder, and arm of the same side. The wounded surface was covered with lint which had been soaked in a saturated solution of sodæ bicarbonatis, and was kept wet by constant applications of the same solution. The relief from pain was instantaneous. No slough occurred, and the child has recovered, saved from any critical deformity.

CASE II.—Act. Ass't Surg. Pring, U. S. A., in medical charge of the troops at Mt. Idaho, an outpost of this command, reports the following : The wife of an officer of the Second U. S. Infantry, who had accompanied her husband to the cantonments, from inability to obtain servants in that exposed locality, was herself engaged in preparing the early meal. Being inexperienced in such work, this lady poured water into a vessel containing boiling lard, and in the explosion which followed was severely scalded about the face and neck, involving the right eye. The bicarbonate-of-soda dressing was employed with the most decided benefit. The pain was instantly relieved, and no disfigurement resulted beyond the total loss of vision in the injured eye.

To secure successful results from this treatment it is necessary that the application be made of a saturated solution. A half pound of the bicarbonate should be added to a quart of water, and should be subjected to violent agitation. A sheet of patent lint of old linen sufficiently large to envelop the wounded surface should be thoroughly saturated with the solution, and the surface should be completely covered therewith ; the dressing should never be permitted to become dry, but the solution should be freely and constantly used. No other dressing is necessary, but the lint first applied should not be disturbed for several days.

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SCARLATINA BY LETTER.—Under this heading the newspapers narrate a case in which scarlatina was undoubtedly communicated by letter, from an infected house to a previously healthy family. The children " had the envelop to play with," and took the disease. We have, in *The Lancet*, repeatedly called attention to this risk. It is

satisfactory to know that a not uncommon, but too long overlooked, method of infection is at length beginning to be recognized. The danger which attends the practice of writing letters, and sending papers, books, and parcels, from sick rooms to disseminate the "germs of disease" is of no small magnitude. Probably paper, in its familiar forms, is as effective a carrier of morbid material as linen or wool. The notion of "disinfecting" books and letters is practically untenable. Such means of infection should be themselves destroyed. Circulating libraries are too often the circulating media of communicable disease.—*The Lancet*.

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DIFFERENCE BETWEEN ANÆMIA AND CHLOROSIS.—Zimmermann, in *Ziemssen's Cyclopædia*, XVI., page 501, gives the following: (1). In chlorosis proper the change in the blood appears to be strictly limited to the red corpuscles, whereas in anæmia, other constituents of the blood, especially the albuminates of the plasma, are also modified. (2). In many respects the etiology of chlorosis is peculiar and obscure and its pathogeny does not admit of being traced, like that of ordinary anæmia, to causal factors with which we are familiar. (3). The striking effects of suitable treatment would oblige us, even in default of other reasons, to separate chlorosis clinically from other forms of anæmia.—*Clinic*.

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CAMPHOR-CHLORAL.—Mr. W. T. Tocher recommends the following formula for a camphor-chloral liniment, which has a powerful anti-neuralgic application: Chloral-hydrate and camphor, of each one ounce; glycerine, to six ounces; powder the camphor, using as usual a few drops of rectified spirits; then mix with the chloral, and allow to stand in a mortar until the mixture becomes liquid. Having poured this into a bottle, add the glycerine, and shake.—*London Med. Record*, Jan. 15, 1878.

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INODOROUS IODOFORM.—Ether dissolves iodoform, and removes its disagreeable odour. If the solution be applied to a surface the ether soon evaporates, leaving behind a uniform layer of iodoform.—*Amer. Practitioner*, Jan. 1878, from *Gazette Obstetricale*.

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ON THE TREATMENT OF INFANTILE IMPETIGINOUS ECZEMA.—Dr. Georges Lepage has observed in M. Jules Simon's wards the good

results obtained in children suffering from eczema by the method recommended by Besnier (*Bulletin de Therapeutique*, vol. lxxxviii. p. 49), which consists in enveloping the parts attacked with India-rubber cloth. The conclusions of his paper are as follows. 1. Impetiginous eczema is a cause of debility in the child; it therefore requires prompt and active treatment. 2. Treatment by swathing is superior to all other methods. 3. The general treatment is a necessary supplement to the swathing. 4. The practitioner need not dread repercussive phenomena if the therapeutic treatment be carefully conducted.—*London Med. Record*, Jan. 15, 1878.

ON URTICARIA AND MALARIA.—Dr. Rezek, during an experience of eighteen years in a malarial district in Hungary, found (*Allgem. Wien. Med. Zeitung*, No. 48, 1877) that, amongst an average of at least two hundred patients suffering from ague whom he saw yearly, in two or three the disease was complicated with urticaria. He himself suffered from chronic urticaria as a sequela of ague, and was definitely cured by large doses of quinine.—*London Med. Record*, Jan. 15, 1878.



## ABSTRACTS AND EXTRACTS.

TREATMENT OF GASTRALGIA BY THE INTERNAL STOMACH-DOUCHE, ETC.—Dr. Malbranc, of Naples, has published, in the *Berliner Klinische Wochenschrift* for January 28, an article on the treatment of gastralgia by the stomach-douche. D., a governess, aged 22, suffered three years ago for several months from stomach-derangement without any apparent cause, presenting symptoms of a gastric ulcer. Under treatment, she recovered and continued well until four months ago, when she began again to suffer from general weakness, and neuralgia, chiefly of the face. She gradually became much reduced, and after a time digestion again became disordered, with constipated bowels. Ten weeks before she came under notice these symptoms were aggravated, and were accompanied by a fixed pain immediately below the ensiform cartilage, by acute tenderness in the dorsal region, frequent palpitation, and a sense of constriction of the throat. The appetite failed entirely,

the little food taken was returned, and there was some blood in the stools. Various means, sinapisms, ice-pills, applications of extract of belladonna, etc., were tried, but in vain. The paroxysms of pain, which came on from three to four hours after each meal, were relieved by hypodermic injections of morphia; but in spite of nutrient enemata and faradization of the epigastrium the patient only became rather worse, so that mental emotions and straining at stool were enough to bring on the gastric pain. She now came under the care of Professor Kussmaul in Strasburg, whose assistant Dr. Malbranc then was. A regulated diet failed to afford relief. The following treatment was therefore adopted. In the morning a quantity, amounting in the end to 2 to 3 litres ( $3\frac{1}{2}$  to  $5\frac{1}{2}$  pints) of tepid water, aerated with carbonic acid in the manner of soda-water, was injected by means of an elastic tube into the stomach, and after a while again drawn off. The stomach was thus washed out every day. Under this treatment the patient improved, so that in three weeks' time she was able to take a varied diet of meat and bread. The injections of morphia were gradually diminished in frequency, but were still required for the relief of the gastric pain, which always recurred when an attempt was made to evacuate the bowels, one pole of a battery was introduced into the stomach several hours after breakfast, while the other electrode was passed successively over all the abdominal muscles, and thus a powerful induction current was daily passed for five minutes through the stomach and abdominal walls. Within the next following days, defecation became perfectly natural and painless. In a month the patient recovered completely under the continued use of the stomach-douche and of internal faradization, and was able to resume active employment. She has continued well ever since.

With reference to the question of the *modus operandi* of the douche with warm water holding carbonic acid in solution, the following points came under consideration:

1. The stomach is unloaded by the douche, and is thus enabled to recover its contractility. In all gastralgiae occurring in consequence of overloading of the stomach, as frequently happens in

typical cases of dilatation of the stomach, this emptying the viscus of its contents is a sure means of relief.

2. The removal of acid or acrid matter and the cleansing of the mucous surfaces by means of Vichy or other alkaline water. It is often important in cases of gastric dilatation, when large quantities of half-digested food are apt to accumulate, thus to cleanse the coat of the stomach of acid, perhaps fermenting mucus. This can only be done effectually in the morning, and when the stomach is yet empty. Not only is digestion thus facilitated, but the formation of large quantities of flatus, which is productive of pain and distress, is prevented.

3. Warmth thus locally applied to the inner surface of the stomach has a soothing influence, diminishing irritability of the gastric nerves and relaxing muscular spasm. To this is due the utility of a daily morning draught of warm water in certain cases of painful irritable dyspepsia. But the cases in which the warm douche is likely to be attended with benefit must be carefully distinguished from those in which it is inadmissible, owing to extensive ulceration and the tendency to hemorrhage. Closely analogous is the effect of injections of warm water *per anum* in certain forms of intestinal colic, especially lead-colic, in restoring the regular normal peristaltic movement of the bowels. Indeed, it is found that the warm stomach-douche is eminently successful in overcoming the constipation which is a frequent symptom in nearly all cases of gastric disorder.

4. The mechanical impact of the stream of water on the coats of the stomach stimulates the vaso-motor nerves, and so excites a healthy capillary circulation. Moreover, a healthy peristaltic movement of the stomach can often be excited by gently kneading the stomach with the open hand, after somewhat distending it with warm water. This has the effect also of completely cleansing the large rugæ which generally exist in the interior of large flabby stomachs.

5. The carbonic acid held in solution by the injected water acts as a direct sedative on the irritable gastric mucous membrane, and also tends to promote intestinal peristaltic action.

The introduction of the stomach-tube itself need in reality pre-

sent no greater difficulty than the passing of a catheter into the bladder. The following points should be attended to.

1. Before introducing the tube, we should measure off on it and make the distance from the mouth to a point opposite the ensiform cartilage of the sternum. We thus insure the tube passing, when introduced, to a distance of one or two inches beyond the cardiac end of the œsophagus, and no further, and so avoid all risk of injuring or perforating the coats of the stomach.

2. It is a source of comfort to the patient to be able to grasp the tube with his teeth, whereby it is steadied, and also the amount of salivation and the tendency to retching are reduced. For this purpose, a notched bone or ivory slide should be passed over the tube for the patient to bite upon.

3. The tube should be rendered flexible by immersion in warm water, and oiled, previously to its introduction.

4. The patient should sit in as erect a position as possible, with the head bent backwards. The tube, which, with the attached funnel, should be first filled with warm water and held compressed between the fingers, is then introduced until the prominence of the spine is felt obstructing its progress, when, on rapidly inclining the head forward, the tube will of itself slide into the stomach.

5. Should the entrance of the tube into the stomach be opposed by spasm of the œsophageal cardia, it is only necessary to allow the water to flow through the tube against the constriction, when the spasm will readily give way.

The danger of detaching the mucous membrane of the stomach by the suction of the pump is extremely small. The only real danger to be guarded against is perforation of the gastric walls by the tube, especially when there is ulceration, or adhesion of the stomach to surrounding viscera. All risk, however, is avoided by previous softening of the tube, by measuring off the distance to which it is to enter, filling it with water, and by the use of the notched slide.—*London Med. Record*, March 15, 1878.

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**TOBACCO AS AN ANAPHRODISIAC.**—The anaphrodisiac action of tobacco has been recognized now for a very long time. It was so well known, as Dr. Tousard has shown in his elaborate work on

the poisoning produced by this plant, as to have been employed to check desire in many of the convents of Italy.

But authentic observations are sufficiently rare to justify the publication of the following cases collected by Martin-Damourette and published in his work. These cases showed that where the cause of impotence is obscure the injurious property of tobacco in this direction should always be remembered.

A young man who passed the whole day in a smoker's circle, consuming often over twenty cigars a day, became the victim of dyspepsia, loss of memory and absolute impotence. Contemplating matrimony he went to consult Segales, who having ascertained his habits with regard to tobacco induced him to change his place of resort and to stop smoking. The patient was obedient in every respect, recovered his health and his proper genital functions.

In another case the author was consulted by a young physician affected with complete impotence, to cure which he had taken on his own prescription strychnine in gradually increasing doses. He had reached the dose of 36 milligrammes per day without the least curative effect or the least toxic effect of the drug. Not being able to discover any of the ordinary causes the author was inclined to ascribe the impotence to tobacco which the young physician used in the form of cigarettes only it is true, but which he smoked the whole day long. His muscular force and power of resistance had notably diminished.

The author attributed also the incredible tolerance of strychnine which this smoker had acquired to a sluggishness of the motor nerves engendered by the abundant and gradually increasing use of tobacco.

The patient having renounced his fatal abuse of tobacco completely recovered the integrity of his genital functions without recourse to any other means of medication or other appeal to hygiene,

Finally the third fact concerned a young man raised at the polytechnic, robust, of good health and hygiene who registered as inspector in a tobacco manufactory. In a short time he experienced a marked weakness in his genital functions and soon became impotent. Patient and physician were soon in accord as to its

cause, the patient having already appealed in vain to tonics, stimulants, etc. When he left his factory and secured another occupation, he soon recovered his *attitudini genitali*.—*Il medico di Cosa e Gazz. med. Ital. proven.*

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VASELINE AND SALICYLIC ACID IN OBSTETRICS.—Vaseline is a hydrocarbon, made from petroleum by simple evaporation and clarification. It is very cheap, being worth only some forty or fifty cents a pound. It has no taste or smell. Its rôle as a protective against the action of the air is extensive, as in burns, excoriations, etc. It is one of the best of lubricants. Its use is simple, and especially in complicated labors is thus very advantageous. Internally, it seems to relieve irritation of the mucous membrane, and, when taken up by the system, though it undergoes no proper digestion, to act much in the same way as cod-liver oil. As a vehicle for more active agents, it is more generally useful than any other oil-like compound. Salicylic acid has of late come into vogue, and is now used for a great variety of purposes—principally as an antiseptic, to reduce the heat of the body, and in diseases in which there is a morbid material in the blood, as in rheumatism, and gout, etc. It is not expensive, costing from thirty to forty cents an ounce. I have tried several samples of different manufacture, and find that of Rosengarten, of Philadelphia, by far the best, while the German article that I have used has proved caustic and utterly unfit for many purposes. The American acid is silky, white crystals, like quinine, has no caustic taste, and, mixed with vaseline, makes a homogeneous ointment. The German is amorphous, looks like chalk, has a slight pinkish color and caustic taste, and, mixed with vaseline, makes a lumpy, irritating ointment, unfit for use.

It has been my practice for some time back to use vaseline, with a grain or more of salicylic acid to the ounce, and scented with a drop of ottar of roses, in all vaginal examinations, instead of oil or soap. I believe I thereby more certainly avoid carrying infection from case to case that I should otherwise do. In first confinements it may be used in the first state of the labor, so soon as the woman takes to bed. I make use of a glass syringe, an inch in diameter, without a muzzle. With an instrument of this kind an ounce or more of the semi-solid vaseline can be introduced up to the os, where it remains at the temperature of the body, in a semi-solid state. I used it in this way as a simple lubricant, and without the addition of the acid. If desirable, in certain cases, it can be combined with the extract of belladonna,

and, after the labor is completed, with the extract of ergot, or, in case of hemorrhage, with the *liq. ferri persulphatis*, with all of which it mixes well. If it is desired to introduce it into the uterus, it can be rendered fluid by putting the bottle containing it into water of a temperature of  $100^{\circ}$  F., when it can be used with the ordinary uterine syringe. In the course of a labor I use three to six ounces, with the effect, as I claim, of shortening the first stage of labor, and rendering the parts, especially in first labors, easily dilatable in the second stage, while, after the placenta is delivered, a small quantity of the vaseline, with the acid added, disinfects the discharges, and does much, it seems to me, to prevent purulent absorption. Indeed, if puerperal fever was prevalent, I should not hesitate to introduce it freely into the uterus immediately after confinement. To illustrate the healing qualities of this combination, I some time ago had an extensive rupture of the perineum in a primipara, due to an unusually large child and an unyielding perineum. I passed two pins through the lips of the wound, and a figure-of-eight around each, and directed the patient to introduce a little of the vaseline ointment two or three times a day on her finger. On the third day after, when I next saw her, on removing the pins I found the wound entirely healed. My cases are not sufficient to base positive conclusions on, but I am inclined to think that an hour or more can be saved in an ordinary labor by the use of the vaseline, and that the second stage will go on easier owing to a more thorough relaxation of the soft parts, and to the avoidance of unnecessary friction; and that its use, with the acid after labor, will do much to prevent puerperal absorption, and, in any event, will conduce to the comfort of the patient. In dilating the os with the sponge tent, I find that by coating it with the vaseline and the acid (ten grains to the ounce), I can more readily introduce it, the tent not expanding at first, owing to the coating of vaseline; but, if held for a moment or two in place, it will remain without danger of its coming away, and will expand to the same limits that it would have done without the coating of vaseline, as can easily be proved by putting two tents in water, one coated and the other not. In erosions of the os, after the engorgement of the parts is removed by glycerine pads, the vaseline and acid ointment, applied on cotton-wool, will do much to effect a speedy cure, especially if alternated with the glycerine. There is one use for this ointment that I have not fully worked out. Physicians are frequently applied to, to produce abortion. Recently, on the same day, two women came to me; the reason assigned in the one case was that the

husband was syphilitic; in the other that pregnancy brought on violent attacks of spasmodic asthma. Of course I explained that the child had rights as well as the mother, but it was all that I could do to prevent one of these cases from going to a professed abortionist. In some cases of this kind prevention is better than cure, and I am inclined to think, from some experiments, that vaseline, charged with four to five grains of salicylic acid, will destroy spermatozoa, without injury to the uterus or vagina.

In conclusion, there are a number of uses for vaseline in the lying-in room and nursery. I make no claim to its being a "cure-all," but it is a great convenience, and its "role" is extensive. The ointment makes a good dressing for the umbilical cord. Vaseline answers better than oil or soap to remove the cerumen from the newly-born infant. Mixed with an equal weight of honey and ten grains of borax or of chlorate of potassa to the ounce, it answers an excellent purpose in case of thrush. The ointment alone, or mixed with ten grains of quinine to the ounce, quickly removes the small worms that frequently infest the anus of young children. In the excoriations of infants it effects rapid healing. In the not uncommon sore eyes of the first few days of life, the vaseline alone introduced within the eyelids, effects a cure in a day or two. Again, the "snuffles" of the old women, which, by preventing nursing, frequently seriously affect the health of the infant, it, when introduced into the nostrils with a camel's-hair pencil, answers better than anything I have as yet tried, especially if the head is kept warm with a flannel cap. There are many other uses for vaseline, alone or combined with varying proportions of salicylic acid, that the experience of the physician will readily suggest to him in this connection.—*Dr. Dubois. (Med. Record.)*



## EDITORIAL.

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WE publish below the memorial, presented by the committee on the part of Medical and Chirurgical Faculty of Maryland, to the Senate and House of Representatives of the United States, urging an appropriation of the necessary funds for the publication of the subject catalogue of the Medical Library at Washington.

This memorial wisely and urgently sets forth the necessity for a catalogue of authors and subjects, and the great advantages which must arise from this publication.

This memorial was presented on the floor of the House of Representatives, the

first week in May, by the Hon. Thos. Swann of Maryland, and referred to the committee on appropriations. It is earnestly hoped that Congress will make an appropriation for the completion of this catalogue so greatly needed by the medical profession, and of so much importance to all workers in the field of medical literature. As stated in this memorial; "the library is a vast store of treasures" "which must remain locked up and almost inaccessible to scientific men for the want of a catalogue of authors and subjects."

If other State Medical Societies will address memorials to Congress, urging this publication, the necessary appropriation will be forth-coming. This is not an appropriation in which the medical profession alone is interested. It is a national work, and the entire country will derive a benefit from this publication.

*To the Senate and House of Representatives of the Forty-Fifth Congress of the United States :—*The undersigned committee of the Medical and Chirurgical Faculty of Maryland, the State Medical Society, which embraces both of the medical schools as well as the almost totality of the medical profession in the State, respectfully submit that they were appointed for the express purpose of making your honorable bodies acquainted with the unanimity of the medical profession of Maryland with regard to the necessity existing for and the unspeakable advantage arising from a *Catalogue of the Library of the Surgeon General's Office*.

The committee of the Medical and Chirurgical Faculty beg leave to present to the Senate and House of Representatives the following considerations as bearing most favorably upon the completion of a catalogue of the afore mentioned library already begun most acceptably by Surgeon J. S. Billings, U. S. A.

The Library is a vast store of treasures accumulating at great cost, with rare judgement, under the best circumstances, but which must remain locked up and almost inaccessible to scientific men for the want of a catalogue of authors and subjects. The one-hundred thousand volumes and pamphlets it contains represent an immense mass of knowledge, which, deposited without system, remains nearly valueless, and defies the efforts of laborers in the field of medical literature, and involves in any search a lamentable waste of time.

The high ground taken, and the very liberal precedents established by your honorable bodies induce your petitioners to believe and hope that the splendid foundation of the army medical museum and its subject library will be followed by such action on your part as will make available the immense wealth of the latter by furnishing the means necessary for the completion of the subject catalogue begun in so admirable a manner, and in a true spirit of enlightenment open to the medical profession of this country and of the world the mass of brain work done by the illustrious of all ages. Your petitioners further urge that they regard the completion of this great work not only as a necessity for the medical profession, but as a means of promoting the psycical and physical health of communities and countries, and with the vast amount of material at command it will stand as "an index of the medical literature of the world." They also find themselves happy to affirm the language of the medical society of the county of New York in saying that it will rank among the most practical and beneficial publications of the present period, and that the government cannot possibly employ its funds more profitably than in promoting the vital interests of the public by completing the subject catalogue of the national medical library as prepared by the present Librarian.

The undersigned committee therefore request the honorable the Senate and House of Representative of the United States to appropriate the funds necessary for the completion of the subject catalogue of the National Medical Library of Washington.

And your petitioners will ever pray, &c.

CHRISTOPHER JOHNSTON, M. D., Chairman,  
A. B. ARNOLD, M. D.,  
JOHN MORRIS, M. D.,  
P. C. WILLIAMS, M. D.,  
J. S. LYNCH, M. D.

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ANNOUNCEMENT.—This month, one year ago, the first number of the MARYLAND MEDICAL JOURNAL was offered to the profession, as an exponent of correct medical opinions and teachings, and was inaugurated with a view of supplying a want long felt by medical men in this city and state. In our introductory address we stated, as our purpose, our desire to promote that broader culture to which medicine has in all ages been conducive, and to seek by every means in our power to maintain an ethical standard, by conformity to which our common vocation as physicians shall be held above the rank of mercenary trades. We pledged ourselves to strive for the common good of our profession, and with the best of motives launched our frail bark on the troublesome sea of journalism. During the year which has passed we have labored to maintain the high standard we assumed, and in spite of the many discouraging circumstances, which were assailing us from every side, we to-day claim for our Journal a good and honorable position among medical publications. Our enterprise has been a success from the day of its inauguration, and we are able to announce, with confidence, that it will, henceforth, be one of the institutions of this city. With this and subsequent numbers we will add thirty two pages to the size of the Journal, which will enable us to publish a greater variety of valuable matter, and to give more space to reports of societies and original papers. We have secured the co-operation of able medical writers in this city and throughout the entire country, and will give our readers, with each number, choice and instructive matter. No effort will be spared to make this publication worthy of the patronage of every physician in this state and country.

To those who have stood by us during the trying months of the past year, who have aided us by subscriptions, contributions and words of encouragement, we return our thanks, and pledge our efforts to better results and grander achievements the coming year.

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MEDICAL AND CHIRURGICAL FACULTY.—The annual meeting of the Medical and Chirurgical Faculty of Maryland convened in the Concert Hall of the Academy of Music, in this city, on the 9th day of April, and remained in session four days.

There was a large attendance of delegates, and the sessions were of unusual interest. The entire proceedings passed off most satisfactorily, harmony and good feeling prevailing throughout, and a united effort upon the part of delegates to make the occasion worthy of its importance.

We publish with this number a brief, yet a full report of the President's address, reports of sections, and volunteer papers read before the Faculty. A fuller report will appear hereafter published by the Faculty, which we will review and again present to our readers.

We have one word of comment. We think the selection of President, for the next year, eminently wise and proper. Dr. Smith is a gentleman well known to many throughout this state, and though coming down through four score of years, he preserves all of his bodily and mental vigor, and brings with him to the discharge of his duties experience and wisdom ripened by years of professional labor.

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VIRGINIA MEDICAL MONTHLY.—The January number of this enterprising and valuable journal contains a full report of the transactions of the medical society of Virginia for 1877. The transactions are universally interesting in character, and contain a number of instructive original papers from prominent medical men throughout the state.

The address by the President Dr. Jas. L. Cabell, of the University of Virginia, is able and exhaustive, and treats of a number of topics of interest to our profession. The well known ability of Dr. Cabell gives force and authority to subjects so well treated by his gifted pen.

We have not the space to notice each address in detail, but commend this number of the Medical Monthly, as one of rare value and embracing a greater variety of valuable material than can be found in any journal published in this country. We welcome this journal among our exchanges, and commend its industrious and talented editor, Dr. L. B. Edwards, for his enterprise, and earnest efforts in publishing one of the leading medical publications of this country.

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A REQUEST.—We constantly aim to improve the JOURNAL, and ask our friends and readers to do all they can to aid us. Write us all the medical news, anything pertaining to medicine or doctors; short, practical letters, or articles, on subjects of interest to the profession. Report to us all the deaths, marriages, appointments, changes, etc., in each locality. We want the latest news, as we desire to make the JOURNAL a vehicle of business, social and professional communication between doctors in all sections of the country. Do this, and we are your debtors, add \$3. for a year's subscription, for yourself or friend, and we will be doubly indebted therefor.

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SPRING GROVE ASYLUM.—The board of managers of the Maryland Hospital for the Insane, have recently elected Dr. Richard Gundry, of Columbus, Ohio, superintendent of this asylum. Dr. Gundry is a gentleman of large experience in the management of the insane. He has been superintendent of three insane asylums in Ohio, those of Dayton, Athens, and Columbus, and comes to this State with strong recommendations as a gentleman qualified by education and experience for the responsible position of superintendent.

OUR ADVERTISEMENTS.—We again invite the attention of our readers to the advertisements contained in this Journal. We publish only reliable Houses, and can cordially recommend those contained in this Journal. It always pays to read advertisements. New remedies, new instruments, new preparations, and new apparatus are always coming out, and medical men should know where to find them and all about them.

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BRAIN.—Is the fanciful title of a new journal to be issued in London at an early day. The journal will be devoted to Anatomy, Physiology, Pathology and Therapeutics of the nervous system. It has a distinguished corps of editors, headed by Dr. J. C. Bucknill. The other gentlemen on its editorial staff are, Drs. Crichton Browne, Ferrier and Hughlings Jackson.

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HONORS TO DR. EDWARD WARREN, (BEY).—Governor McCormick, United States commissioner to the Paris Exposition, has honored Dr. Warren, a former resident of this city, with an appointment as medical attache to his staff. Dr. Warren has also been appointed by North Carolina, his native State, a special commissioner to the exposition.

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OUR TARDINESS.—Owing to unavoidable circumstances, this number of the JOURNAL appears later than any of our numbers. With this exception the JOURNAL has been mailed regularly between the first and third of each month. Hereafter we hope to resume our punctual habit and appear regularly on time.

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LACTOPEPTINE.—The attention of physicians is called to the advertisement of this preparation, to be found elsewhere. Its use has given entire satisfaction, and it has proved to be a valuable remedy in those diseases of the stomach requiring the active agents of digestion.

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OUR CONTRIBUTORS.—We direct the attention of subscribers and others to our list of contributors to be found in advertisements on page following "Obituary." Many more will be added in the June number.

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THE NORTH CAROLINA MEDICAL SOCIETY began its 25th Annual Session at Goldsboro, on Tuesday 14th of May. There was a large attendance.



## BRIEFS.

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POLYURIA SUCCESSFULLY TREATED BY ERGOT OF RYE.—The polyuria in a case reported by Dr. Rendu (*France Medicale*, Feb. 27, 1878), was accompanied by supraorbital neuralgia, vertigo, with loss of consciousness, excessive thirst and hunger, with emaciation and loss

of strength, although the patient consumed a considerable quantity of food. The urine contained no trace of sugar; the quantity was about ten quarts a day. The uræa eliminated by this means in the twenty-four hours amounted to from about 1,250 to 1,400 grains. Before having recourse to ergot of rye, tincture of valerian was first tried for this patient, in the dose first of 15 minims, and soon afterwards of half a drachm. Under the influence of this treatment, the urine diminished by nearly a quart. Sulphate of atropine, in the dose of one *millogramme* (.015 grain), at first, then two, daily, produced a similar improvement; but no advantage was found in persevering in this course, since the appetite diminished with the valerian, and the thirst increased with atropine. Ergot of rye was then tried. The success with this agent was remarkable. In eight days the urine fell to 1.600 *gram*, and the uræa to 15 *gram*, in the twenty-four hours; the emaciation was stopped; the strength returned; whilst the thirst and the excessive desire for food also disappeared. Dr. A. Costa, (*New York Hospital Gazette*, Feb. 15,) reports also a case of diabetes insipidus, with the excretion of ten pints of urine daily, without sugar or albumen, marked by a great emaciation; and states that he treated the patient with fluid extract of ergot, which treatment had been followed by striking success; *i. e.*, complete cure in two cases in private practice. Dr. A. Costa put the patient upon an initial dose of half a drachm of the fluid extract thrice daily, the dose to be increased gradually, first to one drachm, and then to two drachms. There was at once apparent great reduction in the quantity of urine passed daily. From ten pints it fell to six pints daily; then to three, where it remained. Even before reaching the present limit, he ordered the dose to be gradually reduced, first to one drachm, and then to half a drachm. Then it was stopped altogether, mint water substituted in its place. For the past two weeks he had no ergot, and might be considered permanently cured. The amount of urine daily passed varied between two and three pints.—*British Medical Journal*.—(*Canada Medical and Surgical Journal*).

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THE ACTUAL CAUTERY IN CHRONIC JOINT DISEASE.—C. Jaffé refers to the excellent results recently obtained in chronic diseases of the joints by Richet, Julliard, and Kocher, from the employment of the actual cautery. The most convenient form of applying it, he considers to be the thermo-cautery of Paquelin, a strictly antiseptic method of treatment being subsequently adopted. He observes that

with the aid of percussion of the bones it becomes in many instances possible to determine the precise seat of the most intense processes of inflammation, and that in cases of primary or secondary or central osteitis, the seat of the disease may be attacked with the thermo-cautery, either with or without previous incision and removal of the affected part, and that thus further mischief may be averted and all danger of secondary implication of the joint avoided. He gives a series of cases in which this plan of treatment was adopted with the best results.—(*Inaug. Diss. Strassburg*, 1878, and *Centralblatt f. d. Chirurgie*, 4, 1878.)—*Practitioner*.

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TREATMENT OF TRANVERSE FRACTURE OF THE PATELLA.—At a late meeting of the Clinical Society, the President, Mr. George W. Callender, brought a patient fitted with an apparatus which he had employed for some time past, at St. Bartholomew's Hospital. It consisted essentially of a sheet of plaster fitting to the thigh, and extending to the upper margin of the patella, with loops on either side of that bone, and a canvas slipper between which, acting from the sole of the foot and the loops in the plaster, such extension was made by means of pulleys as suffices to draw the upper fragment down to the lower portion of the broken bone. It is easy to regulate the tension, and when it was thought well for the patient to get up, the apparatus was left on, as it acted just as well when the man was walking about as it did whilst he was recumbent in bed. Practically the appliance had been found to insure very good results.—(*Medical Times and Gazette*, March 2, 1878.)—*Practitioner*.

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TREATMENT OF EXOPHTHALMIC GOITRE BY GALVANIZATION.—In the *Gazette Medica Italiana*, Dr. D'Ancona relates the case of a woman aged nineteen, suffering for two years from exophthalmic goitre, the usual train of symptoms being well-marked.

In spite of all kinds of treatment she had arrived at such a stage of cachexia that her life was despaired of. At length galvanization with ten elements of Stöhrer's portable battery was tried, and on finding that it was followed by rapid signs of amelioration, it was persevered in for five months. During this time one hundred seances, lasting from three to five minutes each, were given to the patient. She gained thirty pounds in weight; her face lost its paleness, and regained its natural color; the exophthalmia disappeared most completely, as

well as the enlargement of the thyroid body, and the pulse fell from 130 to 90. Menstruation was restored, and in every respect the health of the patient was re-established.—*Medical and Surgical Reporter*.

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**BOTTLING AIR FOR FUTURE EXAMINATION.**—During the Centennial summer samples of air were collected on various occasions upon the exhibition grounds at Philadelphia, and in the different buildings; also in this city, in Brooklyn, Hoboken, and on many of the Adirondack mountains, with a view to transmitting them to the chemist of 1876, to determine whether the earth's atmosphere is undergoing change. That the atmosphere has undergone enormous changes since the earlier geological ages is beyond a doubt. The present question is whether such changes are still slowly going on, and what their nature may be. The ordinary statement that the air has an invariable composition is not strictly true, since samples of air collected at different times and in different places are never found to be absolutely identical. The difference may be slight, but an apparently insignificant decrease in the percentage of oxygen becomes of grave importance when the deficiency, as it usually is the case, is made up of less beneficial elements.—*Scientific American*.

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**A SUCCESSFUL OPERATION.**—Surgeon A. L. Cox, who died at Chattanooga, was an eccentric and enthusiastic army surgeon in the late war. One day, soon after the battle of Antietam, he essayed to amputate the mangled limb of a Connecticut soldier, and became so much absorbed in his delicate task that he did not notice that the man was dying. As he began sewing up the stump a hospital steward chanced along and said: "Doctor, there's no use of going on; the man is dead." The surgeon looked up in surprise, and then said: "I am sorry that the poor fellow is dead, but there is one consolation about the matter, he has gone to heaven with a 'flap' that he can be proud of."—*Medical Record*.

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It is said that M. Pierre Picard is to succeed Claud Bernard in the chair of physiology at the College of France. Picard, at present a professor at Lyons, was for a long time Bernard's assistant, and has published valuable researches on the constitution of the blood corpuscles.—*Phil. Medical and Surgical Reporter*.

AMERICAN MEDICAL ASSOCIATION.—The Committee of Arrangements in Buffalo are active in making preparation for the meeting of the Association, and for the accommodation of delegates and their families. They present for the information of the members of the Association the location and terms of the following Hotels :

Tifft House, 465 Main street,	- -	\$3.00 per day.
Mansion House, cor. Main and Exchange	2,50	"
National Hotel, Exchange, opp. Central Depot,	1,50	"
Continental, Exchange, cor. Michigan street,	2,00	"
Bonney's Hotel, Washington, cor. Carroll st.,	1,50	"
United States Hotel, Terrace, cor. Pearl,	2.00	"
Broezel's Hotel, 127 East Seneca,	- - 2.00	"
American Hotel, East Swan, cor. Ellicott,	1,50	"

It is believed all guests will be thus amply provided for during the meeting.—*Buffalo Medical and Surgical Journal.*

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THE EXTERNAL USE OF TINCTURE OF BELLADONNA IN NIGHT-SWEATING.—Mr. Nairne writes, in the *British Medical Journal* of February 2, that for some little time past he has employed the common pharmacopœia tincture of belladonna for sponging the body in cases of phthisical and excessive sweating, and invariably with marked benefit. So far as his experience goes, he has found it much better than anything else ; if applied before a sweating comes on, it prevents it ; if during the sweating, it almost immediately controls it.

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TYPHUS IN ST. PETERSBURG.—An epidemic of typhus, which counts four hundred victims per week, is raging in St. Petersburg. The disease was brought from Armenia by the Turkish prisoners and the Russian soldiers. The sanitary condition of the Transcaucasus at the present time is exceedingly bad ; Generals Chelkoviskow and Goubiski have already succumbed to the plague, and General Heimann is dangerously ill. It is claimed that this state of affairs is the fruit of gross negligence and disregard of hygienic rules in the army of the Caucasus.

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THE OLDEST MAN IN THE UNITED STATES.—The "Cleveland (Ohio) Herald," of the 24th ult., says : On Monday, the 24th, the village of Lodi, Medina county, did honor to Lomer Griffin, its oldest inhabitant, and probably the oldest living human being in the United States, by observing the 119th anniversary of his birthday.

PROFESSION PRIVILEGES.—The regular Medical Societies of Philadelphia are endeavoring to obtain the passage of a law providing that “no person duly authorized to practice physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon.”

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PROPORTION OF PHYSICIANS TO THE POPULATION.

<i>Country.</i>	<i>Population.</i>	<i>No. of Physicians.</i>	<i>Proportion.</i>
United States,	44,874,814	62,383	1 in 600
France,	36,100,000	19,952	1 in 1,814
Great Britain,	32,412,010	19,585	1 in 1,672
Germany,	41,060,695	13,686	1 in 3,000
Austria,	35,904,435	14,301	1 in 2,500
Canada,	3,575,577	2,998	1 in 1,193

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A BATCH OF CENTENARIANS.—According to Dr. Bertherand (“Brit. Med. Jour.”), there are one hundred and sixty-six centenarians in Algeria, thus proportioned: Eighty-eight individuals 100 years old, one of 101, seven of 102, nine of 103, fifteen of 104, six 105, six of 106, five of 107, one of 108, three of 109, eight 110, two of 111, two of 112, one of 113, two of 114, four of 115, one of 117, and one of 118 years.

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THE OBSTETRICAL GAZETTE.—This is a title of a new monthly journal to be devoted to obstetrics, and the diseases of women and children. It will be published in Cincinnati and will be edited by E. B. Stevens, M. D., for eighteen years editor of the *Cincinnati Lancet and Observer*. The first number will be issued in July, and the subscription has been placed at \$3 per year.

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DR. MARION SIMS has temporarily located at Paris, where his reputation as a gynæcologist has brought to him a large number of cases for operation. He will soon leave Paris for Vienna to gather from the institutions of that immense field more items for his forthcoming work on operative gynæcology, which will be published simultaneously in the German and English languages.

MATRIMONIAL MONOPOLY.—Mrs. Martha T. Hopkins, a widow of thirty-nine summers, residing in Henrico county, Va., six miles from Richmond, was married on the 26th of March for the sixth time. She was first a widow at the age of twenty.

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A HUGE FOUNDLING HOSPITAL.—One of the largest ("N. Y. Med. Jour.") of the Russian charitable institutions is the Foundling Hospital in Moscow. The establishment covers as much ground as a village, and gives shelter to 1,700 wetnurses and 2,000 babies. Fifty children are admitted daily at the gates.

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DIAGNOSIS OF PREGNANCY.—Dr. Goodell calls attention to the following sign of pregnancy:—"When the neck of the uterus appears to you as hard as the end of your nose, pregnancy should not exist; if it appear to you as soft as your lips, the uterus probably contains a fœtus.

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NOVEL METHOD OF ADVERTISING SPECIALTIES.—"The Eye" and "The Ear" were toasts at the banquet of the Kentucky State Medical Society a few weeks since, and specialists were on hand to respond. In referring to this vulgar proceeding, the *Richmond and Louisville Journal* advises that the advertising field should be enlarged, and suggests as some of the additional toasts "The Chancre," "The Urinary Bladder," and "The Rectum."—*Clinic*.

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DR. FORDYCE BARKER.—The Board of Trustees of Columbia College did a graceful thing, which will cause great satisfaction in many and widely different circles. They conferred the degree of LL. D. upon Prof. Fordyce Barker, of this city, by a unanimous vote. It is so rarely that such an honor is so deservedly conferred, that the profession at large can take it as a general compliment.—*N. Y. Medical Record*.

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MONUMENT TO CLAUDE BERNARD.—A subscription is open in the Paris medical journals for a monument to Claude Bernard. As French physicians have not alone been enlightened by his discoveries, and as Americans are as largely indebted to him as any others, it would appear to be eminently proper that a subscription list should be started in this country.

DR. NATHAN BOZEMAN has been appointed to the staff of the Women's Hospital, New York. He takes the place of the late Dr. Peaslee. Drs. Emmet, Barker and Thomas are the other members of the staff.

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RUSSIAN SOLDIERS' BREAD.—An analysis of the bread issued to the Russian troops in Bulgaria showed that it contained nineteen per cent. of sand.

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SENSITIVENESS.—This is from the Greek :—A man saw a physician once and hid behind a stone wall. "Why do you hide?" asked a friend. "For the simple reason that its so long since I was sick, I'm ashamed to meet a doctor face to face," was the reply.

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LARKIN TURNER died recently in Merriwether County, Ga., at the age of 110 years. When he felt the approach of death he settled himself in his chair, refusing to lie down, and died without a struggle. He was never sick, and never took a dose of medicine until he reached the age of 100.

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"A TRAMP called at a house on West Hill the other day and asked for something to eat. He was so thin, he said, that when he had a pain he couldn't tell whether it was a touch of the colic or the back-ache."—*Burlington Hawkeye*.

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THE Twenty-ninth Annual Session of the American Medical Association will be held in the city of Buffalo, N. Y., on Tuesday, Wednesday, Thursday, and Friday, June 4, 5, 6, and 7, 1878, commencing on Tuesday at 11 A. M.

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THE regular Annual Meeting of the Association of American Medical Editors will be held on Monday evening, June 3d, 1878, at the Tiff House, Buffalo, N. Y.



## BOOKS AND PAMPHLETS.

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HANDBOOK OF THE PRACTICE OF MEDICINE. By M. Charters, M. D., Professor of Practice of Medicine, Anderson's College, Glasgow; and Physician and Lecturer in Clinical Medicine, Glasgow Royal Infirmary. Published by Lindsay and Blakiston, Philadelphia. For sale by Cushing & Bailey, Baltimore, Price \$2.00.

This is a Volume of 325 printed pages devoted exclusively to the Practice of Medicine. From the number of subjects treated the author has attempted to present, but in brief, a description of the diseases, their etiology, diagnosis, morbid anatomy and treatment, omitting discussions and details, and relating only facts. The work presents many advantages for the student as it enables him to become familiar with diseases without being burdened with excessive reading. The arrangement of the work is most excellent, and the manner of presenting the subject matter clear, concise and practical.

The Volume is handsomely illustrated, and the typography and finish neat and attractive; it is a work every student should have in his library.

THE SCIENCE AND ART OF SURGERY. By John Eric Erichsen, F. R. S., F. R. C. S. Revised by the author from the seventh and enlarged English Edition; in two volumes; Published by Henry C. Lea of Philadelphia; for sale by Cushing & Bailey, Baltimore, Md.

The increasing popularity, and great demand for this valuable work on Surgery, have induced the author to prepare this revised edition; as it now stands, it is the most complete and valuable work on Surgery in the English language. The present edition was given to the press in October, 1877, and contains such new and important matter as was given to the Profession up to that time. The additions have not been confined to any one particular part, but have been widely distributed through the various subjects of which the *work* treats. Special chapters on operations, wounds and septic disease have been added; one-hundred and fifty new illustrations have been added to the Text, and

many of the old ones have been redrawn in an improved style. The work is published in two volumes of nine-hundred and fifty pages each; each volume has been furnished with a table of contents, a list of illustrations and extended etymological index. As a Text book for students and book of reference for the Surgeon this work is without an equal in any language.

**PRACTICAL GYNÆCOLOGY.** A Handbook of the Diseases of Women; by Heywood Smith, M. A., M. D., Oxon.; published by Lindsay & Blakiston, Philadelphia. For sale by Cushing & Bailey, Baltimore, Price \$2.00.

This is a volume which will be found of much service to the student and busy practitioner, as it presents in brief the diagnosis and treatment of Diseases of Women, without entering into the lengthy discussions of vexed questions of pathology, or minor details of operations, or the actions of remedies, which occupy much space in larger works on Gynæcology. The volume numbers one hundred and ninety-eight pages, and necessarily the subject matter is presented in a very condensed and practical form. The design of the author has been to present only salient points of diagnosis and treatment with clearness and brevity, and he has succeeded well in accomplishing his purpose. The work is to be classed among the "student's Guide series" which are growing into professional favor at this day.

**MEDICAL AND SURGICAL LANDMARKS.** By Luther Holden, F. R. C. S.; Published by Henry C. Lea, Philadelphia. For sale by Cushing & Bailey, Baltimore.

This is a small volume of one hundred and twenty-eight printed pages, devoted exclusively to the "Landmarks" of the human body. The work was primarily designed for students as an aid to the diagnosis of deeper-seated parts by the use of guides or surface marks. It is admirably arranged and adapted to the purpose for which it is intended. As an adjuvant to the study of Anatomy and Surgery it is invaluable. Though written for the use of students it will be found of service to every practicing physician.

**SUSPENSION AS A MEANS OF TREATING SPINAL DISTORTIONS.** By Benjamin Lee, A. M., M. D., of Philadelphia. Extract from the Transactions of the American Medical Association. Collins, Printer, Philadelphia.

**PROCEEDINGS OF THE LOUISIANA STATE MEDICAL ASSOCIATION.** New Orleans *Medical and Surgical Journal* Print.

- ANNUAL ANNOUNCEMENT OF THE MEDICAL COLLEGE OF THE PACIFIC. SESSION, 1878. A. L. Bancroft & Co., Printers, San Francisco, California.
- A CASE OF SYPHILITIC APHASIA. By L. P. Vandell jr., M. D., Printed from the *Louisville Medical News*.
- THE LOCALIZATION OF DISEASED ACTION IN THE ŒSOPHAGUS. By Harrison Allen, M. D. Reprint from *Philadelphia Medical Times*.
- MALARIA AND STRUMA IN THEIR RELATION TO THE ETIOLOGY OF SKIN DISEASES. By L. P. Vandell jr., M. D. Reprint from *American Practitioner*, Jan., 1878.
- HOUSE-AIR THE CAUSE AND PROMOTER OF DISEASE. By Frank Donaldson, M. D. Reprinted from the *Maryland State Board of Health Reports*, Jan., 1878.
- MEDICAL PLANTS INDIGENOUS IN MICHIGAN. By A. B. Lyons, M. D. Reprinted from the *Detroit Lancet*.
- SPINAL IRRITATION IN CHILDREN AS RELATED TO TRUE AND FALSE ARTHROPATHIES. By V. P. Gibney, M. D. Reprinted from the Transactions of the *American Neurological Association*, 1877.
- MENTAL HYGIENE FOR PUPIL AND TEACHER. A Lecture delivered before the Normal School, of Chapel Hill, North Carolina, August 4th, 1878. By Eugene Grissom, M. D., LL. D.
- RISKS OF SURGICAL OPERATIONS. By Thomas R. Brown, M. D. Reprint from *Richmond and Louisville Medical Journal*, April, 1878.
- THE GOUTY STATE IN DISEASES OF THE SKIN. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin-department, Demilt Dispensary, New York; Attending Physician for Skin-diseases at the Out-patient Department of New York Hospital, etc. Reprinted from the *American Practitioner*, Nov., 1877. New York; G. P. Putnam's Sons, 1877.
- URETHRAL FEVER. By Thomas R. Brown, M. D., Professor of Surgery, Baltimore, Md. Reprint from the *New York Medical Journal*, Feb., 1878.
- ARE ECZEMA AND PSORIASIS LOCAL DISEASES OF THE SKIN, or are they Manifestations of Constitutional Disorders? By L. Duncan Bulkley, A. M., M. D., physician to the Skin Department, Demilt Dispensary. Extract from the Transactions of the International Medical Congress, Philadelphia, 1877.

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## OBITUARY RECORD.

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PROF. JOSEPH HENRY, of the Smithsonian Institute, died in Washington, D. C., on the morning of May 13th, from an acute attack of Bright's disease of the kidneys. He was born in Albany, N. Y., December 17, 1797. He received a common school education, and after a course of study in the Albany academy in 1826 was appointed professor of mathematics in the institution. In 1827 he began a series of experiments in electricity, and in 1828 published an account of various modifications of electro-magnetic apparatus. He was the first to prove by actual experiment that in the transmission of electricity for great distances the power of the battery must be proportioned to the length of the conductor. He was also the first actually to magnetize a piece of iron at a distance, and invented the first machine moved by the agency of electro-magnetism. In March, 1829, he exhibited to the Albany institute electro-magnets which possessed magnetic power superior to that of any before known. In 1831, in some experiments at the Albany academy, he transmitted signals by means of the electro-magnet through a wire more than a mile long, causing a bell to sound at the further end of the wire. An account of these experiments and of his electro-magnetic machine was published in Silliman's "American Journal of Science" in 1831, in which Prof. Henry pointed out the applicability of the facts demonstrated by his experiments to the instantaneous conveyance of intelligence between distant points by means of a magnetic telegraph several years before such a telegraph was brought into practical operation by Prof. Morse. In 1832 he was appointed professor of natural philosophy in the college of New Jersey at Princeton, where he continued his researches. In 1846, on the organization of the Smithsonian Institute at Washington, Prof. H. was appointed its secretary, a post which he held up to the time of his death, and which gave him principal direction of the institution. His discoveries in physics were numerous. He is the author of "Contributions to Electricity and Magnetism," and many papers in various scientific periodicals. In 1871 he was appointed chairman of the lighthouse board, a position which he held at the time of his death. He was also at the time of his death, president of the national Academy

of Sciences, and a few weeks since presided over and actively participated in the proceedings of the annual session of that organization. Prof. Henry was a progressive scientist, and never relaxed his efforts to contribute still further to the fund of human knowledge. Although the virtual control of three-quarters of a million of dollars was vested in him, not a penny was ever diverted to an improper use. His disposition was unusually benevolent, and his charities liberal but unostentatious.

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DR. C. V. DYER, of Chicago, better known in political than medical circles, died in Chicago, April 24th, in his seventieth year. He graduated from the medical department of Middlebury, Vt., in 1830. He was a famous abolitionist, and in 1863 was appointed Judge of the court for the suppression of the African slave trade, which held its sessions at Sierra Leone, and passed two years fulfilling this mission, his time when not employed in the discharge of his official duties being spent in traveling through Europe. In religion, Dr. Dyer was an advocate of the doctrines of Swedenborg.

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DR. J. R. DEVOL, a promising young physician, died at Jarrettsville, Harford County, Maryland, on the 22d ultimo. Dr. Devol was twenty-four years old and unmarried. He graduated at the College of Physicians and Surgeons, Baltimore, March, 1877. Immediately after his graduation he commenced the practice of his profession on Light Street, Baltimore, where he was very successful. He went home in January last to visit his friends, and was soon taken ill with consumption.

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DR. JOHN M. IRVINE, a prominent physician of Mercer County Pa., and brother-in-law of Justice Miller, of the United States Supreme Court, died at Sharon, April 30th, aged 63.

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# MARYLAND MEDICAL JOURNAL.

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## ORIGINAL PAPERS.

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### CRITICAL EXAMINATION INTO THE TREATMENT OF FRACTURE OF THE SHAFT OF THE FEMUR IN ADULTS AND CHILDHOOD.

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BY LOUIS BAUER, M. D., M. R. C. S. ENGLAND, PROFESSOR OF SURGERY,  
ETC., OF ST. LOUIS, MO.

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Most authorities on Surgery agree upon the fact that, in adults, the fractures of the shaft of the femur very rarely unite without shortening. As direct causes of this imperfect result they assign :

1. The usual obliquity of these fractures.
2. The action of the powerful muscles of the thigh.

The one is said to predispose to, the other to effect overlapping of the fragments. Prof. Frank H. Hamilton is committed to this theory more positively than any other surgeon. According to his latest teaching these fractures are invariably oblique\* in adults, invariably transverse, or of the "green-stick" variety, in children. These propositions are, if not erroneous, certainly too broad for practical acceptance, for, not the age of the patient, but the *modus injuriandi* determines the direction of every fracture, and from this fundamental rule I know of no exception.

The second proposition is, at best, but a hypothesis as yet unsupported by any tangible evidence. Granting, however, for the sake of argument, that the muscular theory is correct in point of fact, then his practice seems to be in direct opposition to his premise.

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\*New York *Medical Record* Dec., 1877. Philadelphia *Medical Times*, March, 1878.

Pott, Sir Charles Bell and others who shared in that hypothesis, very consistently gave to the fractured limb the double-flexed position, and thus conformed their treatment to their theory. But Prof. Hamilton keeps the muscles on the stretch by linear extension, thus rather provoking than subduing their undue action.

The efficacy of the most powerful extension in the longitudinal direction of the body has been thoroughly tested in the reduction of femoral dislocations in times past, but it has so completely failed that few surgeons of our day would prefer it to Reid's method. What could not be accomplished by so powerful means Prof. Hamilton proposes to effect by the paltry weight of from fifteen to twenty-five pounds.

Since the muscular theory has gained signal ascendancy among surgeons, without being supported by facts drawn from physiology and pathology, I deem a critical examination of the subject in every way opportune and desirable.

In order to get at the foundation of the matter we have to consider the structure and physiology of the muscles and study their relations to fractures of the bone.

Aside from the usual organic constituents, vessels, nerves, etc., the muscle is made up of two distinct tissues.

1. The muscular fibrillæ, and (2), their envelopments, the so-called sarcolemma or myolemma.

The former represent the muscular tissue proper and are distinguished by a specific function, that of vital contractility. The latter, however, forms, as it were, the skeleton of the muscle, is continued into the tendinous terminations of the muscle, and is distinguished by its exclusively *physical* property—elasticity. The one answers to nervous excitation only, whether centrifugal or centripetal, the other appears exclusively on movement. The former is known by the term muscular irritability, the latter by the term tonicity.†

In repose the muscle is longest, especially after fatigue; when

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†Some writers discriminate between muscular tonicity and elasticity, and support their views by some experiments which, however, have not changed my opinion or convinced me of error.

at work it is shortened, firm, and its circumference increased.

Both the irritability and tonicity coöperate in producing the same effect. For the muscle when longest and at rest is actually in a state of elastic tension, owing to the action of its antagonists. In the moment that the 'sarcous' elements are prompted to action they effect an approximation of the muscular attachments, at the same time relieving the tension of the myolemma, which shortens according to its elastic power.

There can be no doubt that the vital and elastic properties of a muscle may be called into play separately. If the tendon of a muscle is divided subcutaneously and the muscular belly not exposed to the stimulating action of the atmosphere, then the sarcolemma alone retracts and causes the separation of the divided ends, for the loss of the insertion concerns only the elastic and not the vital endowments of the muscle. Professor Hodgen has drawn directly opposite conclusions from this fact,<sup>‡</sup> which, however, can be readily explained, his remarks obviously applying to muscles morbidly shortened, whilst I refer to perfectly healthy structures. That gentleman has evidently overlooked the fact that a tonic shortening of a muscle, through months and years, materially changes the elementary structure of such muscle, and rather increases the elastic components at the expense of the sarcous constituents.

In fractures analogous conditions exist. The slightest displacement of the fragments has the effect of approximating the muscular attachments, and of relieving the elastic tension, at the same time the sarcous elements may remain passive unless the fragments so irritate the nerves or muscles by their displacement as to furnish an additional cause, exciting the muscular irritability to action.

Here again I meet an argument of Prof. Hodgen's, which seems to me susceptible of refutation. In order to sustain the muscular theory of shortening, he refers to the muscular structures of amputation stumps. This is, obviously, not an analogous condition with fractures. In one, the muscles are cut through,

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<sup>‡</sup>Transactions Am. Med. Association, 1877, p. 512.

exposed to the action of the atmosphere, cold or warm water and to contact with sponges, the nerves cut through and exposed to the same deleterious influences, and the circulation materially changed. Whereas, in the other we have to deal with a subcutaneous injury to the bone and, perhaps, a moderate laceration of the adjoining tissues. When, therefore, in amputation stumps, the muscles contract, there are cogent reasons for their so doing, which are almost entirely absent in simple fractures. And yet, such a muscular shrinkage may find its explanation in the fact that the muscles lose in a measure their blood and their plastic serum, which, necessarily, must reduce their length and circumference. Furthermore, Prof. Hodgen has entirely ignored the shrinkage of the integuments of the flaps, which is much more conspicuous than that of the muscles. I have more frequently been obliged to crowd the muscles back in order to gain sufficient skin to effect the uniting of the flaps than been troubled by the retraction of the muscles. Of course I do not deny the retraction of the muscles proper, but the active retraction ceases with the removal of the artificial causes, as the surgical applications mentioned. The only retraction which remains permanent arises from the elastic elements of the divided muscle.

The slight oscillations noticeable in the muscles of the amputation stump cannot be compared with the powerful contractions of which the muscles are susceptible. I have seen but one instance of tetanic spasm in the stump of the thigh. This occurred in a case of a little boy whose leg had been lacerated and fractured. In order to arrest the progress of tetanus amputation was tried in vain. During one of the paroxysms the muscles of the stump contracted so violently, and at the same time shortened so much, as to pull off the periosteum and expose the femur about three inches. During these contractions the contours of the stump were proportionately changed; the muscles massed themselves together at the base of the stump, and presented all the firmness which we find in the contracted biceps of a powerful blacksmith's arm. Such extreme manifestations are not to be expected in a stump under ordinary circumstances, but if we speak of contracted muscles some approximation to the physiological effects

of muscular action must be looked for. Now, I have but very rarely met with the ordinary symptoms of muscular action in stumps, and unless we accept the casual jerking as a sufficient evidence the muscular contractions must be denied.

In returning to the original hypothesis of muscular contractions as the sole or at least chief cause of shortening of the femur in connection with fractures of its shaft, the same objections hold good. Inflammatory diseases of hip and knee-joints are invariably accompanied by spastic oscillations and actual contractions of some of the muscular groups of the thigh. When these occur, they manifest themselves by unmistakable signs, as for instance: pain, tremor, jerking, approximation of their respective attachments, and hardness of their fleshy and tendinous parts. And if they have lasted for some time, the contours and the circumference of the limb are noticeably changed, as is at no time seen in fractures except under definite circumstances. Immediately after the accident the muscles seem to be in a state of active contraction, and thus contribute to the longitudinal displacement of the fragments. As soon, however, as the fracture is reduced, and the fragments brought into proper apposition, the contractions of the muscles cease, leaving the muscles in a quiescent and passive state. The contractions do not return unless a new displacement takes place. From the readiness with which fractures can generally be reduced, it must be inferred that the muscular contractions are not of a very powerful order. When powerful contractions do occur, it is because the fragments directly irritate either muscles or nerves, and then only they strongly resist the reduction of the fracture, and even these subside when the fragments are brought into juxtaposition.

The muscular theory is still more shaken to its very foundation by the fact that in all other fractures muscular contractions do not occur nor are they claimed to exist by its strongest advocates. Prof. Hamilton goes even further, by excluding muscular contractions in fractures of the shaft of the femur occurring during childhood; assuming that the muscles are scarcely strong enough to effect displacement. The case of tetanus to which I have adverted and the convulsions during childhood ought to demon-

strate the contrary. Moreover, childhood terminates at puberty, and he will not deny that the development of the muscles of the thigh in lively and active children do not keep pace with the other processes of evolution.

Still other arguments might be adduced against the muscular theory, but those already mentioned seem to me of sufficient force to refute it, and to lead to the conclusion that whatever may be the cause or causes of shortening of the femur after fracture the muscles of the thigh must be relieved of all suspicion. The shortening, however, does occur and it would certainly be a matter of great practical interest to surgeons to become acquainted with its real causation.

Prof. Hodgen, in the paper referred to, mentions two conditions calculated to produce this result. The first is the softening of the ends of the bone preceding, and, for a time, accompanying the formation of callus. This point is well taken, and borne out by pathological investigation, although not sufficient stress has, heretofore, been laid upon this condition. But when the same author assumes that the "scar tissue of the bone" has a contractility analogous to cicatricial tissue in soft parts, he commits an obvious error, for the simple reason that the union of bones is affected without any *elastic tissue*, which forms an abundant element in the formation of scars. It may be found among the structural constituents of artificial joints, and may enter largely into the tissues by which compound fractures are repaired, but how this could shorten the length of a fractured bone is beyond my comprehension.

The shortening, which alone has given rise to the muscular theory, happens, in my opinion, in this simple way: The patient, for the purpose of relieving the fatiguing and irksome position into which he is forced by the treatment of the fracture, which extension and counter-extension materially aggravate, leans and bends over toward the side of the fractured member, and this forces the upper fragment over the lower.

At a first glance this may appear to be a distinction without a difference, but on closer reflection it will be found a fact of great practical importance. Even Prof. Hamilton seems to have approx-

imated the truth of the manner in which shortening is caused without clearly realizing it, for he emphatically insists upon the linear position of the body, and to secure it he employs long splints. It is very evident that if the muscles were chiefly to blame for the shortening, extension and counter-extension would seem sufficient to meet the indication, but by resorting to the long splints he admits the futility of his theory.

In the now obsolete treatment of fractures in the shaft of the femur, the foot was always so firmly fixed to a foot-board that the muscles could not well have drawn the lower fragment over the upper one. Shortening could only be effected by a process directly opposite, and this process I have frequently observed in Hagedorn-Dzondi's apparatus, Desault's and Liston's long splints, and likewise in my wire-breeches, so as to be obliged to furnish it with moveable crutches. And I may, therefore, with the same right as Prof. Hamilton, state, "I know what I am speaking of." It is for this particular reason that I have, of late years, used *no extension* in the treatment of this class of fractures, and that I have introduced a fracture-box of my own, with the view of obviating this overlapping from above.

The American method, which Dr. Hamilton is pleased to term his plan, is, in my opinion, objectionable for two cogent reasons :

1. It is inefficient and defective in its results ; for its most enthusiastic advocate, Prof. Hamilton, informs us with estimable candor that shortening of the femur is the rule.

2. It is a torture to the patient, because it enforces the linear position of both body and limb, which is preclusive of both rest and comfort, and continuously keeps up a dragging sensation at the knee by the attached weight. And, withal, is unable to prevent the patient from assuming a position which will, inevitably, mar the result of the treatment. Moderate as is the extension by a weight of from fifteen to twenty-five pounds, it is more than sufficient to tire out a patient who is expected to submit to it for five or six weeks.

I cannot help thinking that the action of extension by means of adhesive strips, as in the "American method," must remain limited to the skin. Perhaps its advocates may refer me to the

undeniable benefits derived from such extension in the treatment of knee and hip-joint diseases; my answer will be direct:

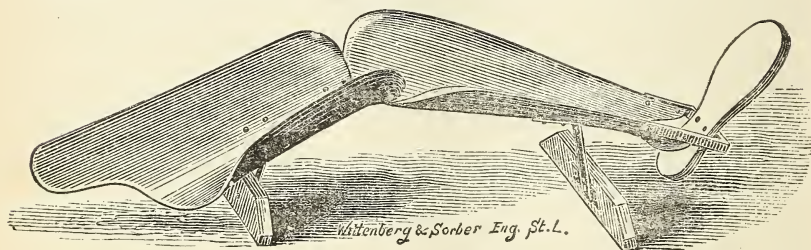
1. I have never been a great admirer of extension in these cases, and have not obtained by it as much relief as by immobilization.

2. If I have used it, it has been done with the view to merely steady the limb.

3. The extension is not, and should not be *linear* in such cases but so modified as to correct the angular position of the extremity which it may have assumed to the body.

My remedies in these cases, upon which I chiefly rely, are absolute rest by immobilization of the articulation, and the correction of position; and I can affirm that I have accomplished more by these, and more promptly, than by extension.

I have already stated that Pott, Sir Charles Bell, and others, acting on the same premises as Prof. Hamilton, consistently preferred the double inclined plan in the treatment of this class of fractures. It must be acknowledged that their apparatus obtained no favor with the surgical profession, which, however, was owing to their technical imperfections, and by no means to the principle involved. For this reason I have made use of a double inclined plane of my own construction, of which I append a self-explaining diagram. The leg and thigh splints, joined at the knee either



directly or indirectly, are made of thin sheet-iron, and the entire apparatus can be readily made by a tin smith at a very low figure. From the diagram (which represents the apparatus for the left extremity), it will be seen that the thigh portion of the splint has an elongation intended to pass above the hip-joint to constrain its mobility. I claim the following advantages for its use:

1. The semi-cylindrical form obviates the flattening of the extremity, which is justly objected to in the wooden constructions of our surgical ancestors, and which have led to various inconveniencies, and even decubitis.

2. It fits each case accurately, as to length and circumference of the fractured extremity, whilst in the old double inclined plane the limb had to accommodate itself to the apparatus.

3. It furnishes a soft, elastic bed of cotton, and prevents pressure of any description.

4. It secures to the extremity a position of rest and comfort, and relaxes both the flexors and extensors of the leg, as well as the integuments.

5. It renders the hip and knee-joints immovable, without preventing occasional motion whenever the surgeon deems it advisable.

6. It facilitates the reduction of the fracture, the proper placing of the limb in the apparatus is almost tantamount to proper "setting."

7. It procures dorsal splints embracing, from behind two-thirds of the extremity.

8. The double-flexed position of the extremity gives the best safe-guard against the overlapping of the lower fragment, and the apparatus reaching up to the pelvis, prevents the inclination of the latter and consequent superior overlapping.

9. It renders the fracture easy of access without disturbing the patient.

10. It facilitates the use of the bed-pan.

11. The surgeon may, without professional assistance, reduce and dress the fracture.

12. It does not preclude suspension, if this be desirable. A few holes punched through the splint near its margins, for the fastening of the cords, will convert it into a suspension apparatus.

The mode of applying it is very simple. All the requirements for the first and following dressings consist of:

1. The apparatus.

2. Cotton-batting, best quality.

3. A piece of thick harness-leather.
4. A sufficient number of best flannel bandages.

After the apparatus is lined with cotton, with special attention to the circumference of the limb, and a larger quantity is put at the places where the limb is thinner, the surgeon raises the limb in a semi-flexed position, whilst another person places the instrument on a firm mattress and pushes it up until it reaches the tuber ischii. The surgeon lowers the limb into the apparatus, at the same time extending the thigh with one of his arms placed in the popliteal space, over which the other hand uses the leg as the arm of a lever. When the limb is thus placed in the apparatus the foot is fastened to the foot-board by the flannel bandage. In case the instrument should be a little too long, there is no objection to placing between foot and foot-board a book, or an appropriate wooden block with some cotton so as to correct the difference. If the instrument is too short it is useless, it must be replaced by one of proper length. A very careful measurement of the healthy extremity in the double flexed position should therefore, always accompany the order to the maker. After the foot is thus secured, the limb is fixed in the apparatus by ascending turns of the flannel bandage, including the knee. The sharp crest of the tibia may be protected by some cotton. Next a leather splint is cut to fit the anterior surface of the thigh, from the knee upward to the groin, to exceed the latter by a few inches. Before applying, the leather splint should be softened in luke-warm water, so as to mould itself to the form of the limb, then lined with cotton, and fixed in a similar way by flannel bandages.

I invariably prefer flannel to any other material, on account of its elasticity, and its keeping its position. To the body should be given an angle of about seventy-five degrees to the thigh.

Thus far my fracture-box has given full satisfaction to both my patients and myself, I have consequently no occasion of changing it. At the same time, I am aware that constant practice, and the skill of the surgeon, may successfully so correct, and modify the imperfections of the like contrivances, as to make them fulfill their indicated purposes. Whatever their mechanical

differences may be, they are equally good as long as they lead to equally good practical results.

Dogmatical dictation should be resisted with scientific independence !

Thus, some surgeons exclusively rely on plastic dressings with probably the same success which is so ostentatiously claimed for the "American method."

Dr. Borck, of this city, has reintroduced the triangular cushion of Pauli with happy results.

The late Prof. Mitteldorf, of the University of Breslau, used to place the fractured extremity upon a long gutta percha splint, moulded to the form, and reaching from the pelvis to the toes, and which he occasionally suspended from the ceilings. Professors Nathan Smith's and Hodgen's suspension apparatuses deserve likewise the attention of the surgical profession, more particularly the latter.

In stating that I have had satisfactory results in the treatment of fractures of the shaft of the femur, I presume that practical surgeons have fully realized the implied meaning. A periodical of the east, which has freely indulged in special pleading, and has rendered itself an enthusiastic mouthpiece of the merits of Prof. Hamilton, which I appreciate to their fullest extent, without swearing in verba magistri, has challenged me to specify the "satisfactory results." Now then, I mean perfect union, a useful extremity, normal form and full length, accurately measured in the erect posture of the patient. I am unable to produce a large number of cases treated by my plan, and at best, they could prove nothing pro or contra.

I am of course, not so venturesome in my statement as to deny that in some fractures of this kind, shortening may not happen in spite of the best of treatment, owing to the peculiarities of the injury. But I have thus far been so fortunate as to escape the like cases in my practice. That I stand not alone in this statement, may be inferred from the Guy's Hospital reports.\*

As to the treatment of these fractures in childhood, I have but

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\* British Medical Journal, June No. 1877.

to add a few remarks. My experience in this particular has been abundant.

Among infants these injuries happen very seldom, being kept out of harm's way by their mothers or nurses. In fact, I have seen but one case at this tender age, the wet-nurse had dropped the child. Like joint diseases in childhood the fractures of the femur grow in frequency with the advancing age and venture someness of the child, and therefore, may happen oftener in lively children, and in boys than girls. The fractures are generally of a more transverse direction, yet I have observed quite a goodly number of oblique and double fractures of the femur. The proposition of Prof. Hamilton is therefore not to be sustained, who sets them down as "always transverse or of the green-stick variety."

Like all other German surgeons of the time, I have employed Hagedorn-Dzondi's double crutch fracture apparatus. It was then the best known. But for many years it has fallen into disuse and is now known, in Germany, but as a historical relic of the past; it has served my wire-breeches as a prototype. Both are identical in effect; but the latter is infinitely more practical. An infant may be securely placed in it and carried about, kept clean, and put to the breast, which is out of the question with Hagedorn-Dzondi's contrivance.

To my astonishment Prof. Hamilton, has taken this antiquated apparatus out of the surgical armory and reintroduced it into modern practice as "his plan." The great Jewish Rabbi, Ben Akiba seems to be correct when he uses the adage,—“There is nothing new in this world; all has been here before.”

I see no reason why the treatment of these fractures in childhood should be varied and rendered still more complicated than in adult life. The muscles are in an advanced period of childhood proportionately developed and capable of great damaging action if they were so disposed, or if suitably excited. The question of extension must, therefore, refer to them as much as at a later stage of growth.

Suffice it to say that I treat such fractures pretty much on the same plan and by the same means as in those of adults, and thus

far, I have had good cause to be satisfied with my success.

I am right glad to find that the old cumbersome apparatus of Hagedorn-Dzondi has proved so useful and satisfactory in the practice of Profs. Hamilton and Erichsen, even without the customary attachment of the fractured limb to the footboard, I have in my practice no need or use for it, and imagine that my patients are not the worse for it.

In conclusion I may be permitted to state that I entertain the highest regard for Prof. Hamilton in both capacities as practical surgeon and author, and that no personal feeling other than respect has actuated my criticism. Being myself in a similar position as Prof. Hamilton I have done no more than I gladly submit to, if it refers to my views or writings. Science is a republic, one and indivisible, as the great Abernethy defines it.—There are no patricians or plebeians in it, but citizens of equal right and duty; no personal authority or infallibility, but the stubborn fact determines its laws.

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## NOTES ON GONORRHŒA.

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BY C. A. BRYCE, M. D., RICHMOND, VA.

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The more a disease is treated empirically, the less satisfaction is experienced by the physician, for, however successful he may be in some cases, he has no definite idea of the *rationale* of his remedies, and looks with almost as much reason for failure as he would for success.

This is particularly true of Gonorrhœa, the number of remedies, specifics, and the like, and the guess-work way in which they are used, indicate very plainly that many doctors give a certain injection, or a favorite mixture, because they have picked up the formula headed, "for Gonorrhœa." The varied success also confirms the fact, for some cases are cured in a very short time, say three or four days, while others are prolonged for as many months or more. I believe I am right in saying that every case of Gonorrhœa should be carefully examined and treated on its

own merits, because to treat Gonorrhœa with uniform success, requires a good diagnosis, and scientific application of remedies. Again when we see the very different conditions of the disease in its several stages, we can see the inutility of expecting a routine practice to succeed or finding benefit from specifics. There are several methods of treatment which are admissible and practical, and which are all very dissimilar. I will mention three different plans of treatment, a distinction not made in the books, but one which I have found to be necessary to a proper management of Gonorrhœa in general.

1. The *Abortive*, used as soon as the disease makes its appearance.

2. The *Antiphlogistic* and *Anodyne*, the reverse of the abortive, used also with the appearance of the disease.

3. The *General Treatment*, by *internal remedies*, and a *medium course of tonic astringent injections*.

These plans of treatment are essentially different, and the cases, requiring the discrimination for their selection, are as different in character. Gonorrhœa is easy to cure, and if we treat the disease understandingly and scientifically we will be spared much trouble and mortification, and can in nearly every case promise a cure, and that within a given and reasonable time, which is a matter of importance. These are tangible points which must ever be kept in view by the practitioner who would treat this trouble with any degree of success or satisfaction.

I shall endeavor to render my remarks practical by stating definitely my meaning in regard to the different plans of treatment I have mentioned, and in showing the morbid states of the urethra in which their adoption becomes advisable and expedient.

The *Abortive* plan consists in a liquid cauterization of the urethra as soon as the trouble is diagnosed; the agents are, Zinc, Lead, Silver, Acid Carbohc, and other similar remedies used in a very concentrated or saturated solution. Take Nitrate Silver, for example, a strength of twenty to thirty grains to the ounce would be the suitable solution for the abortive. The theories entertained in regard to the action of such injections are very rational and good, but practically, I am sorry to say, they are not borne out.

We know that the profound impression made upon the inflamed surface by nitrate of silver is often most salutary and highly curative. Witness the effect of the solid stick upon the inflamed conjunctiva, the uvula and fauces and other instances in every day practice, and to those who attach any importance to the specific nature of the disease as a factor in prolonging the trouble, their minds may be at ease after the use of such an injection as I have named. Now while sometimes the disease is immediately cured by this treatment, the failures are so numerous, and the harm that so often results really aggravating the complaint, that I do not think it should be recommended or made use of. I am opposed to it, and while it is legitimate practice, it is certainly unsatisfactory, and in many cases hurtful. Another, and most important, objection to it is, the fact that the doctor deprives himself of the most important elements in the cure of disease, *time* and *rest*; for the only object in following the abortive plan, is to cure quickly, which is in the great majority of cases the longest route. With this much I leave the matter of the abortive treatment, except to indicate the only case in which I ever would advise its employment and that is when all else has failed, it may then be tried as the *remedium ultimum*, but the cases will be rare indeed for any such trial, if the proper course is adopted from the first.

The *antiphlogistic* and *anodyne* treatment is the next to be considered. It is of all other methods the one which I adopt in the majority of cases, it calls to its aid the help of time and rest, it is based upon the plainest principles of therapeutics, it combats all painful symptoms, and ignores the "specific" character of the trouble. It is seldom the cause of orchitis or stricture, and throughout it is the course which is suggested by a knowledge of the true pathology of the disease, and rational therapeutics. The success which follows is the best evidence of the propriety of its adoption. To be succinct I will state, as well as a general description will allow, the features of this treatment. The antiphlogistic measures consist in lowering the tone of the system, by cutting down the diet to a plain sufficiency, opening the bowels and keeping them open with some light saline, with rest in the

recumbent posture as much as possible. The anodyne course consists in bland diuretic treatment for the purpose of diluting the urine, and preventing its scalding, with opiate injections and suppositories to allay pain and prevent the troublesome complication known as chordee. Really I attach but little faith or importance to the so-called special remedies for this trouble in this (the acute) stage. Now put the patient upon such a course and promise him that you will have him well in three or four weeks.

This plan will not *always* succeed, and when it does not, we then must have recourse to the plan last mentioned, namely : The *General Treatment* with *internal remedies* and a *medium course of tonic astringent injections*. Here we use the balsams and terebinthinates, and the various injections of the mineral salts for their alterative effect. We do this too because the stage of the disease demands this different course of medication. If we see the patient after the height of inflammation has subsided and the disease has assumed chronicity, or if our antiphlogistic and anodyne treatment has failed, this is the proper plan to pursue, and in persons of loose fibre and whose systems are not up to the standard of good health, this is the best line of practice from the start. To better illustrate I will introduce a case and conduct it so as to more fully define my views.

A. B., comes to me saying that he has "caught something." I find that a few days previous he had a suspicious connection, he now has the characteristic discharge of Gonorrhœa, voiding the urine burns and gives him great pain, the glans and meatus are red and inflamed, I find this all made its appearance in the last twenty-four or twenty-six hours. He has Gonorrhœa, he is of full habit, stout, muscular, and a high feeder. I tell him that I will have him well in all probability in three or four weeks, possibly in a week. I put him on milk or tea and bread, rice, butter, cooked fruits and a little veal or a small quantity of wild food (such as squirrel or wild fowl), and fresh fish, etc., I open his bowels with the seidlitz powders, or small doses of magnesiæ sulph. or cream tartar. I give him, such an anodyne diuretic as will render the urine copious and bland say—*R̄j. Ext. Diosmæ fld. ʒii; Spts. Aether, Nit; Tr. Opii Camph., āā ʒi. M. S.—*

Teaspoonful three or four times daily in tumblerful of flax seed tea or watermelon seed tea, or slippery elm tea. I tell him to remain at home and lie down the greater part of his time, to bathe the penis often in cold water, with lead water and laudanum, if painful and swollen. If the secretion is very thick and abundant, I order him to syringe the urethra out frequently during the day with nothing but cold water to lessen the irritation which would be produced by the presence of this morbid secretion.

There is no special reference in the above treatment to any specific inflammation, and yet a vast number of cases of Gonorrhœa will be cured entirely and speedily by its observance. Doubtless many of my readers will say that if they can put their patients to bed and enforce their commands they can cure this trouble as quickly and as easily as I have declared it can and ought to be done. My answer is that we should attend no patient who refuses to do whatever we may command to the letter, and our patients must conform to the treatment, and not make our treatment subservient to the whims of our patients. Again we do not propose to find a plan of treatment to suit *children* who are compelled to keep their trouble a secret, and get well "on the wing," but a plan which is rational, successful, free from evil consequences, and eminently practical, a plan which should be adopted in nearly every case until the inflammation has entirely subsided, and the cure is effected, or it becomes evident that the case cannot be relieved by the treatment, when it will be no longer necessary to confine the patient to the house, or to depend upon the antiphlogistic and anodyne course.

Then, to continue our same patient, we suppose that we have failed to cure him and his trouble assumes a chronic form, or that he has only applied to us after allowing his trouble to become chronic. We find that the morbid secretion continues from the urethra, though not so thick, that it gives him less pain to urinate, that he is troubled with morbid erections and emissions at night, possibly a sympathetic bubo is present, he is certainly easier and more comfortable, but his chances of speedy relief are very much diminished, and this is the stage of Gonorrhœa that gives the surgeon and his patient a deal of trouble, unless the patient fully

understands the doctor, and unless the doctor fully understands the disease. It is necessary to be plain in telling every patient, who has chronic Gonorrhœa, (I call any case of Gonorrhœa chronic that has lasted three weeks, nor do I refer to gleet when speaking of chronic Gonorrhœa,) that it will take time and a variety of medicines to effect a cure. I certainly would not promise any man a cure under a month, and the time required for these cases will range from ten days to a month or six weeks. He is allowed a moderate diet, spirits and malt liquors are forbidden, sexual intercourse is positively prohibited, light labor or exercise will not be amiss. I order something of this kind.—*R̃j.* Bal. Copaib.  $\mathfrak{z}$ i; Spts. Æther Nit.  $\mathfrak{z}$ i; Mucilage Acaciæ  $\mathfrak{z}$ ii; Sacch. Alba.  $\mathfrak{z}$ ss; Aq. Ment. Pip. ad.  $\mathfrak{z}$ viii; M. S.—Tablespoonful three times daily. If the stomach rejects the above, or the patient does not improve, I try something like this.—*R̃j.* Ol. Cubebæ  $\mathfrak{z}$ ii; Pulv. Acaciæ  $\mathfrak{z}$ ss; Sacch. Alb.  $\mathfrak{z}$ i; Aq. Ment. Pip. ad.  $\mathfrak{z}$ vi; M. S.—Tablespoonful three times daily. *Internally* this is about all I have ever seen it necessary or expedient to use in the management of Gonorrhœa in this stage; used alternately they produce a very good effect, by keeping up a gentle healthy stimulating action upon the mucous membrane of the urethra; but this is insufficient to effect a cure in the average run of cases, and our chief reliance will be upon local applications to the seat of the disease; these are chiefly in the form of injections, a number of which I will mention, and which may be used one after another as they seem to lose their effect. They should be used several times a day, from three to six times daily, (to be explicit).

*R̃j.* Zinci. Sulph. gr. xii to xviii; Aq. Destil.  $\mathfrak{z}$ vi; M. S.—Inject. *R̃j.* Plumb. Acetat  $\mathfrak{z}$ ss; Aq. Destil.  $\mathfrak{z}$ viii; M. S.—Inject. *R̃j.* Argent. Nit. gr. xxiv; Aq. Destil.  $\mathfrak{z}$ vi; M. S. *R̃j.* Zinci. Sulph. gr. xii; Plumb. Acet. gr. xviii; Tr. Arnicæ  $\mathfrak{z}$ i; Aq. Camphoræ  $\mathfrak{z}$ v; M. S.—Inject 3 times daily. This is an excellent *R̃j.* where there is pain in the urethra and urination causes burning and soreness, I like something like this. *R̃j.* Aq. Ext. Opii  $\mathfrak{z}$ ss; Acid Tannic  $\mathfrak{z}$ ss; Glycerinæ  $\mathfrak{z}$ i; Aq. Destil.  $\mathfrak{z}$ iii; M. S.—Inject several times daily before urinating. Now where chordee is troublesome, and nightly emissions occur also, I am

fond of using something of this kind. *R.* Potass. Bromid  $\mathfrak{J}$ ii ; Fld. Ext. Gelsemini gts. xxxii ; Morphiae Sulph. gr. i ; Aq. Destil.  $\mathfrak{z}$  iss ; Syr. Simpl.  $\mathfrak{z}$  ss M. S.—Tablespoonful at bed time. This will generally answer, if not use the following in connection with the above. *R.* Pulv. Opii gr. ii ; Pulv. Camphoræ gr. iv ; Butyris Cocoæ  $\mathfrak{J}$ ss ; M. ft. supposit. no i. S.—Use at bed time per rectum.

Before closing this article I will allude to another remedy, or manner of using remedies, which I have adopted lately, and which I think presents claims of superiority over any thing I have mentioned or that I have read of. It is a short urethral suppository. I know that there has been a soluble French medicated bougie, I claim this little article to be an entirely different affair, and its indications are not met by the patent bougies of Allen and others. They are soluble, melting entirely down in a few minutes, they are only from one and half to two inches long, contains anything that may be desired, of any given strength, the ingredients are *known* and *ordered* by the prescriber.

I claim the following points as advantages over any other method of applying remedies to the mucous membrane of the urethra: They are handy to carry, easy to conceal, and speedily liquefy in the urethra; this is a great advantage over the bottle and syringe, and the fact of the little suppositories melting so quickly, takes really less time to use than an ordinary injection. It insures greater regularity in the treatment; for the patient always has the remedy with him and will not fail to use it; he can carry them in his vest pocket. They also do away with the fear that many patients entertain of an injection; they put the articles used only where they are needed, and, lastly, the ingredients used are incorporated in an oleaginous mixture brought to hardness, so that the remedial agents remain longer in direct contact with the mucous surface of the urethra, than an aqueous solution would if thrown in with a syringe. To recapitulate—I have endeavored in this paper to call attention to the *stages of Gonorrhœa*. To urge the importance of a distinct treatment for each stage (acute and chronic). To mention the importance of taking sufficient time to cure every case, and the curability of most cases within a given time. To call attention to an addition to our

therapeutical armament, for which I claim some originality and many advantages.

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## BRONCHOCELE.

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BY H. B. WILSON, M. D., OF BOONSBORO', MD.

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The neighborhood of Boonsboro', Washington county, Md., is noted for the prevalence of a disorder, which has attracted the attention of distinguished authors, and, which, even at this time, is obscure in its origin, and has produced diversity of opinion in regard to its cause. I refer to *Bronchocele* or hypertrophy of the thyroid gland. It has frequently been described as the Derbyshire neck of England; and writers have portrayed it as it exists in Switzerland, along the Alps, or among the districts of the Pyrennees, Himalayan, and Andes Mountains.

It is doubtful if, in any of these regions, it abounds in a greater degree than in and along South Mountain, a spur of the Blue Ridge, stretching from Harper's Ferry, and running north within two and a half miles of the beautiful village of Boonsboro', numbering about one thousand inhabitants. This range, embracing South Mountain battle-field, divides Frederick and Washington counties, two of the richest and most productive grain-growing counties in the United States. It is about 1800 feet in height. Portions of it are cleared of timber, and many families dwell on or near it. The air is regarded as pure and healthy, and it is free from malaria, and epidemic diseases. It contains no marshes, and some of the land is in good cultivation. Such briefly are its physical condition and surroundings.

And yet throughout this mountain and vicinity, at its base, and extending into the country on both sides, in Frederick and Washington counties, for a short distance, goitre prevails in a remarkable degree. Hundreds of cases exist in all stages and sizes. We meet with families in which several members, mother and daughters, have the same affection. Young girls, 16 and 18 years old, have it most frequently, as well also as those of mature

age. It is rare to meet a man who has it. Those in the humble walks of life, in this section, complain of it more than others, tho' this may be owing to the fact that only this kind, as a general thing, live in the mountain. It prevails here emphatically in an endemic form. It is not confined to the white, but attacks also the colored race.

Dr. Gross says he has never seen an instance of it in the negro, but this does not hold good in this locality, for I have had, quite recently, two cases of colored women under my care. It is such a common disorder among us that physicians are rarely without several patients on hand, from South Mountain, to treat, but we see none with cretinism.

What I wish particularly to direct attention to is the *cause* of Bronchocele, as it exists on South Mountain and vicinity. Some writers ascribe it, in other localities, to lime or hard-water, to calcareous deposits; others to a vitiated air; and some to dampness, want of sun-light, and emanations from the earth.

Dr. Copland says he has seldom observed an instance of it in females unconnected with some kind of irregularity of the menstrual discharge, or disorder of the uterine functions. He thinks it chiefly depends "upon physical causes, and is found principally in low, moist, marshy and warm valleys."

Dr. Gross also holds that it is closely connected with the locality in which the disease occurs; and that low and moist situations are most obnoxious to it, while high and airy regions are comparatively exempt; and adds that the "habitual use of water, strongly impregnated with *calcareous* matter, is a powerful predisposing cause."

Many prominent writers in Europe, as well as in this Country, advocate strongly the theory of hard water, which is impregnated with the sulphate or carbonate of lime, and point to villages in which is found hard water at one end, and soft at the other, where goitre prevails in the former, but none is seen in the latter. While this may all be so in some sections, Bronchocele, as it exists on and near South Mountain, has no such origin. There is not a particle of hard water throughout this range, or in the immediate neighborhood. Hundreds of little streams and springs

run and gush forth on every side. The water is soft and healthy and constantly used. No other kind is within reach. No malarial or epidemic diseases are known to prevail. The air is so pure and invigorating that persons from a distance seek its influence to infuse new life into their veins. There are but few low and moist spots near. In contiguous parts of Frederick county, the land is of slate quality and the water is also soft; but in the opposite one, of Washington, celebrated for its productions and lime-stone, and *hard* water, very little Bronchocele can be found. If there is one place in all the country where goitre ought to prevail, if it were dependent on hard water, it is here. All the water which is used, in drinking and cooking; all the streams which percolate the earth, come in contact with lime-stone, and yet no deleterious results seem to ensue. We have nothing else but lime-stone, and land which is cleared and unexcelled in fertility.

If, therefore, we have hundreds of cases of Bronchocele throughout and near South Mountain; and the water is exclusively soft; no malaria exists; the air is pure; few low and moist places are found; it is clear that hard water has no show for its production. What, then, does bring it about? What cause makes it as frequent here as along Alps or the Andes? Why is the thyroid gland attacked and no other? These are difficult questions to answer.

I can imagine but one thing, but why it should take this particular direction it is impossible to say. I refer to *cloud-poisoning*, and a state of the atmosphere which is experienced at times along this mountain. Fogs sometimes prevail, and a slight dampness, which is not entirely dissipated until 8 or 9 o'clock in the morning. But this condition occurs only occasionally. As the sun rises, except on rainy days, the mountain generally stands forth in bold relief. This foggy state and dampness, in connection with the emanations from the earth, may account for this singular affection along South Mountain.

As to treatment, we find Bronchocele, as it exists among us, can be cured, in its incipient stages, by means of iodine, mercurial ointment, blistering, leeching, etc.; but after it has become old,

hard, and cartilaginous it is labor lost to attempt to do anything for it.



## CORRESPONDENCE.

### WOUND OF THE TONGUE.

The remarkable, and exceedingly delicate sense of touch is nowhere more manifest, in the human organism, than we find it in the tongue. Stationed alike as a judge of what shall enter into the stomach, and, as a sentinel to warn and thrust from the mouth such things as are injurious, either from their nauseous qualities, or their mechanical composition, it is relied upon as the great arbiter that shall decide the question of eligibility of our food. No organ is more keenly alive to the slightest infractions of surrounding objects than this sensitive organ of taste, touch and motion. So greatly is this so—that, a degree of sensitive exaggeration is given to it by the dental surgeon who candidly tells you the sensation communicated to you from any irregularity of the surface of a tooth, a spicula of alveola, &c., must not be thought of in the dimensions given by contact with the tongue. Yet, strange to say, cases have been reported, by Boyer and Maizin, where balls have remained for a length of time in the substance of the tongue, giving no indications of their presence except "*fistulous discharges*."

I have written this communication to-day, because my memory of a certain case furnishes me with rather an anomalous condition compared with the cases above cited. The subject was a Confederate officer, Genl. R. Barringer, who commanded the 1st. N. C. Cavalry Brigade. I was Brigade Surgeon at the time, and consequently we were thrown together in our social, as well as military relations. During the whole of our association he did not complain of a wound that he received in the early part of 1862, only mentioning it as disfiguring his face somewhat, and the loss of one or more teeth of the corresponding side. No difficulty of phonation, articulation, mastication, or the senses of touch

and taste. Late in the summer of 1864, after a hard day's journey, we were camped at White Oak Swamp, Virginia. Shortly after repairing to my tent the General sent a messenger for me, I called immediately, and I will give facts as they occurred, from my memory alone, as my notes and papers of the campaign were captured.

He remarked to me that since coming to his tent he had had a very singular sensation in his throat and tongue, "*a stiffness more than soreness.*" I examined his throat carefully, so also his tongue. I saw nothing unnatural about the appearance of either; no fistulous openings or discharge. He told me at the time that his tongue was badly cut by a broken tooth when he was wounded through the jaw. I then compressed the base of the tongue between my thumb and forefinger including the line of the "wound" as designated to me, by him, but of which not the *faintest cicatrix* remained. After compressing it in this way for awhile I felt some foreign substance deeply imbedded in the organ; I told him of it, and suggested something had been driven in at the time he was wounded. As he still felt very uncomfortable, and I thought more so after my discovery, he consented to have the foreign element removed, which I did by making a free incision along the lower margin of the papillae. At the depth of a quarter of an inch the bistoury came in contact with the foreign substance. Introducing my forceps I extracted a large "*gold plug*" which had formerly served as a filling for a cavity in one of his molar teeth. This tooth was shattered of course, when he received the wound; and no doubt fragments of it impaled the substance of the tongue, as he told me something came out of his tongue some weeks after the injury. The gustatory, glosso-pharyngeal and hypoglossal were left unhurt or, at least, their functions were not impaired. Neither was there any subsequent sequelæ. The wound made for the extraction healed kindly. That there should have been no fistulous opening in this instance the parts being so liable to irritation from constant motion makes the case one of singular significance. Why there should have been the sensations described upon this occasion, at that particular time, is another inexplicable circumstance; his habits were the same that day that they had

been many days previous, still we find him suddenly attacked with this disagreeable sensation without any assignable reason. If you gentlemen think this vague report, without the exact data of notes, worthy of any consideration, you are at liberty to publish it.

Yours, very respectfully,

B. M. WALKER, M. D.

*Danville, Va., May 24th, 1878.*



## REPORTS OF CASES.

### SPEEDY CURE OF POPLITEAL ANEURISM.

BY JOHN N. MONMONIER, M. D., LATE PROF. OPERATIVE SURGERY  
AND ANATOMY, WASHINGTON UNIVERSITY, BALTIMORE.

*[Read before the Medical and Surgical Society, of Baltimore, May 2, 1878.]*

Geo. H—, a laborer, aged about thirty-five years, of great muscular development, was seen September '77, with an enlargement in the right popliteal space. As he stated, at times he could feel a pulsation, not only perceptible to his sensation, but also to the sense of touch, and at others none in the least degree. After seeing him several times, pulsation could only be detected once and that in connection with bruit, heard both by the ear and stethoscope. The tumor was almost the size of an orange, and somewhat elongated from above downward. The venous circulation below this space was considerably interrupted, as well as there being great pain along the course of the posterior and anterior tibial nerves due to pressure. Upon either using pressure, or applying the tourniquet above the sac and along the course of the femoral artery, the bruit and pulsation would cease, and the blood could be pressed out with the finger in a more or less degree, and upon the pressure being removed the sac would immediately refill and pulsate. Reflecting upon the gentle elastic pressure which Esmarch's bandage exerts upon parts, as whether applied tightly or loosely, it was supposed that its adoption in this case would be a capital procedure. Rather than resort to ligation of the vessel immediately, it was determined to try pressure

from the apparatus. Its use was kept up in this manner, so as to have the bandage thoroughly applied, and produce firm pressure and press the sac close against the condyles of the femur, when the bandaging had reached the popliteal space, a thick compress entirely covering the area of the tumor, was placed beneath its turns. It was retained around the limb at intervals of two to three hours at a time. It is a fact to be noticed that at the end of twenty-four hours, no softness or fluctuation existed, bruit and pulsation had ceased. It should be also remarked that during the time the bandage was withdrawn the semicircular tourniquet, (exerting pressure only at two points, one directly over the vessel and the other on the opposite side of the limb) was applied to the femoral artery above, about the middle of the thigh. The result may be considered excellent in so short a space of time, and the cure regarded as extremely speedy. From this time forward there was no further pulsation or enlargement, and the sac continued to contract. When last seen, January 1878, all that remained was a nodule, about the size of a walnut. The sensation of the parts below was good and the temperature was nearly, if not equal to that of the corresponding limb.

For how long a time it may be prudent to exclude the blood from the entire limb, by the Esmarch's bandage, and where the more local effect of the tourniquet should be substituted for the bandage, is a matter for further investigation. It is however, probable from the experience of long operations for necrosis performed under Esmarch's bandage, that we have not yet reached the limits of safety as regards the time during which the bandage may remain on the limb. Certainly it is unsafe to apply it under any circumstances in certain cases—as for instance, in amputations, and in old persons whose circulation is naturally torpid, a tendency to ossification of the vessels, for the blood once pressed out of the small capillary vessels, clots may form and, for the want of elasticity, it may never return and the limb or part slough for the want of proper nourishment.

Here it may not be out of place to refer to the proceedings of some of the trans-atlantic surgeons in the treatment of various aneurisms by the above mentioned method, for as I believe, those means were first adopted, at least, extensively by the English surgeons. It may be interesting to give, in brief, some statistics of the most interesting cases as presented by some of the most eminent of England's surgeons. One case was unsuccessful by Mr. Bradley, and Mr. Smith made three attempts to cure popliteal

aneurism, two succeeding and one failing. His failure seems to have been due chiefly to having nearly emptied the sac by pressure. He is further convinced that the arrest of the circulation was not maintained for a sufficient length of time to give the blood in the sac a fair chance of coagulating, even if other circumstances had been favorable to this process, which they were not.

In Mr. Wright's case the treatment was commenced by completely arresting the circulation in the limb for *one hour* by the bandage, pressure being kept up after this time by the tourniquet. In Mr. Reid's case the tourniquet pressure was maintained for *twelve* hours ; in Wagstaffe's for seven and a half hours ; in Heath's case for five hours ; in Smith's case two hours ; in Wright's case the bandage was kept on for two hours and a quarter, and at the end of this time pressure was kept up with more or less completeness for five days by means of shot-bags. As to the time occupied in the cure, pulsation in the aneurism was known to have ceased at the end of fifty minutes in Reid's case, in two hours in Wagstaffe's, in one hour in Heath's, in three hours in Smith's, and in twenty four in Wright's case. In this last case the pulsation returned to some extent after being absent for a few hours. It is probable that coagulation of the blood in the sac may have occurred in these cases before the fact was ascertained by observing the absence of pulsation. In Mr. Smith's case at the end of an hour from the commencement of the treatment, when the bandage was being changed for the tourniquet, it was observed that coagulation had not taken place, while at the end of two hours from this time the sac had ceased to pulsate, but during these two hours the condition of the blood in the aneurism could not be ascertained, as the pressure on the femoral was vigorously maintained. It was observed, however, that at the end of two hours, from the commencement of the treatment, the patient complained of very severe pain, and was attacked by shivering. Probably at this time the coagulation in the sac occurred. From the consideration of these cases, it seems that the conditions to be observed as most favorable to success are, that the circulation in the limb should be for a time completely arrested, that the aneurismal sac should be full of blood, and that the circulation in the aneurism should be stopped for a sufficient length of time to allow the blood to coagulate.



## RECENT PROGRESS IN OBSTETRICS AND GYNÆCOLOGY.

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BY B. F. LEONARD, M. D., FIRST CLINICAL ASSISTANT MARYLAND  
WOMAN'S HOSPITAL.

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THE POCKET FORCEPS:—(Jas. F. Sullivan, M. D., *Western Lancet*, May 1878.) Dr. Sullivan has devised and used for seven or eight years a simple contrivance, the ordinary short forceps minus the handles, but in their place a strong ring set close to the lock. Their *extracting* power can be increased by inserting a strong cord through the rings; without the compression caused by the handles which, he believes, endanger the life of the child. This instrument is small enough to carry in the breast pocket (one blade in each) and is useful in puerperal convulsions where there is no time to spare to send for instruments, and in breach and footling cases where every moment after the expulsion of the body increases the danger to the child. They can be applied without the knowledge of the woman, thus avoiding the dread of an operation. They are most applicable in the second stage, where there is delay from various causes; but one that he thinks is greatly overlooked, the expulsive efforts of the uterus are in the direction of the superior straight and consequently at right angles with the outlet so a considerable amount of force is lost at the neck of the child.

EXCAVATION OF THE GRAVID UTERUS AND OVARIES INSTEAD OF CÆSAREAN SECTION:—(Prof. G. Calderini Parma; *L'Osservatore delle Cliniche*, April 9, 1878.) Cæsarean section is recovering the good opinion of the profession, but hemorrhage, shock and violent inflammations of the uterus and peritoneum remain the most frequent results of a dreaded procedure. The remarkable results by Pean (France,) in ablations of the uterus with fibromata and other diseases (32 per cent. successes) inspired Prof. Porro, (Pavia,) with the bold idea of substituting extirpation of the uterus for Cæsarean section. He first removed the gravid uterus

from three rabbits and obtained entire recovery. Then in May, 1876, he executed the operation designedly, saving both mother and child. Since then there have been six other cases; in all, three successes and four failures, by the following operators: Profs. Porro (1), Spæth (2), Carl Braun (1), Chiari (1), P. Mueller (1), Dr. Previtali (1). Prof. Mueller withdrew the gravid uterus from the abdomen, twisted it and cut it off, by this means preventing escape of fluids into the peritoneal cavity. His patient was aged 37, had marked pelvic deformity and was almost moribund when the operation was commenced. The fœtus was dead and partly macerated. The operation was performed exactly as for ovariectomy, under anæsthesia. The uterus was incised outside of the abdominal cavity and a metal ligature was applied about the cervix before longitudinal section of the uterus. The patient lost less blood than in normal labor and made a good recovery, (*Clinic*, May 25, 1878.)

TRACTION BY THE LOWER JAW IN HEAD-LAST CASES:—Dr. Matthews Duncan, (*British Med. Journal*), read a paper on this subject recently before the London Obstetrical Society. He said that two objects were professed to be gained by the above traction-flexion of the head and extraction. There are two other sources of power, pulling by the feet, and expression; the dangers attending both are very considerable, in the latter the mere strength of the accoucheur's arm may be estimated at thirty to forty pounds, or plus the weight of the accoucheur's body might reach one hundred pounds. Danger in head-last cases where the base of the skull was at the pelvic brim was from asphyxia and inhalation of solids and fluids into the lungs. Lower jaw traction deserves consideration, when other forces are not sufficient. In four of Dr. D.'s experiments with lower jaw traction injury resulted in two cases; separation of two halves of the lower jaw-bone in one case (weight used fifty-eight pounds), in another, laceration of the inside of the mouth with distortion. The force applied thro' the lower jaw, acted chiefly through the maxillary joint and favored extraction, but not flexion, because of the nearness of the joint to the centers of the head's motion. The whole force applicable might be used with dead children, with those

certainly doomed to death ; and where the head was left *in utero*. Further experience was required to show its safety with a living fœtus. Lower jaw traction did not produce considerable flexion of the head, but spinal pulling easily produces flexion of the head after passage of the brim by giving it a proper direction. The method of Smellie-traction with the fingers in the fossæ caninæ and simultaneous pressure upwards on the occiput, was an efficient and valuable method of delivery in head-last cases. Dr. D., does not favor the use of the forceps in these cases.—(*Clinic*, 25th May, 1878.

AMPUTATION OF THE CERVIX UTERI :—Dr. W. H. Wathen, (*Richmond and Louisville Medical Journal*, May, 1878), has devised, and used once, what he styles the cervix scissors. It is made after the fashion of an ordinary scissors, bent at right angles on the flat, with the blades slightly curved on the edge and finally and sharply serrated. The operation is not painful, and it is not absolutely necessary to administer an anæsthetic. In operating with his cervix scissors, he uses his modification of the tenaculum forceps—the tenaculum has another combined within it to be introduced into the os and fastened into the tissue of the cervical canal, thus holding the cervix steady under the sawing motion of the instrument. With this there is no risk of wounding any part of the vagina, and less danger of cutting into the peritoneum, because there is no necessity for dividing the mucous membrane as high up.

STEM PESSARIES :—(*Med. Times and Gazette*, May 4th, 1878. The editor calls for cases with full details, that the profession may decide as to the utility of stem pessaries. Only "typical" cases are published and the lack of detail justifies the criticism that the cases were hysteria and not real disease. There certainly is a discreditable discrepancy of opinion as to the value of stems ; scientific (*exact*,) knowledge is desirable. The theory of their use in flexions seems clear, but when used as a stimulant, (rather an irritant) the danger does not appear to justify their use. Emmett states that pelvic cellulitis is the rule and not the exception.

PALLIATIVE TREATMENT OF CARCINOMA UTERI :—Dr. Wagner

recommends (*Correspondenz-Blatt fuer Schweizer Aerzte*, April, 1878), in cases too advanced for operation, the use of carbolic acid spray (6-8 per-cent) to the part daily, as an anæsthetic; it also seems to diminish tissue necrosis and secretion, and modifies or removes entirely the fetid odor. An advantage over narcotics is, it does not derange the digestion. Expose the part well with the speculum, spray all parts of the ulcer until the tissue turns pale.

INTRAVENOUS INJECTION OF MILK AS A SUBSTITUTE FOR TRANSFUSION OF BLOOD:—Dr. T. G. Thomas reports (*N. Y. Med. Journ.*, May, 1878) seven operations. His objection to transfusion (the tendency to cogulation) is fortified by three fatal cases, and the fact that the operation is extremely infrequent though we do not lack skillful and bold surgeons. Although milk and blood are not homogeneous, milk and chyle are, the latter is emptied directly in the subclavian vein. The blood is loaded with oleaginous material after a rich, hearty meal. Chyle is fat in emulsion in a serous fluid; milk is fat molecularly divided and suspended in water with casein and sugar; the salts are small in amount, (6 in 1000).

CASE 1. Ovariectomy was done for a large ovarian adeno-carcinoma; the patient much emaciated by the growth. Thirty-six hours after, a profuse uterine hemorrhage came on and, all remedies proving unavailing, three and a half oz. fresh milk (yet warm) was injected by the Colin apparatus into the median basilic vein. The patient had rigors, head symptoms, and a rise of temperature to 104°. The patient, though declared moribund at the time of the operation by several experienced surgeons, recovered and is now growing stout.

CASE 2. Ovariectomy was complicated on the 14th day, by a large abdominal abscess, the patient was moribund from exhaustion. Five injections of milk (with glass funnel and rubber tubing) were made at different intervals but the patient finally died, the wound was found to communicate with the intestine. Life was prolonged by the use of the injections.

CASE 3. The patient was bleeding to death before and during the operation, and bled steadily after it, from oozing into the peritoneal cavity. The bleeding from the torn adhesions could

not be controlled and the abdomen was closed. Five oz. milk were injected, but the patient died from the disproportionate loss.

Twelve cases are now recorded, Hodder 3, Howe 2. Thomas 7. His conclusions are : The injection of milk into the circulation is safe and feasible. The milk should be from a healthy cow, drawn at the time of the operation and only 8 oz. should be used at a time. Its use may be extended to asiatic cholera, pernicious anæmia and typhoid fever.



## NEW INSTRUMENTS.

(Condensed from *New York Medical Record*.)

Dr. J. Q. Adams, of Carmel, N. Y., finding the ordinary hypodermic syringe unfit for the purpose of injecting hemorrhoidal tumors, by reason of its shortness and the small calibre of the needle, has devised an instrument, which he calls the *Hemorrhoidal Syringe*, for use in such cases.

He says, of the instrument and his treatment of Hemorrhoids : " The capacity of this syringe is ten minims. The cylinder is one and a half inch in length ; cylinder and piston, when closed, two inches ; a small canula attached to the cylinder two inches, and to this a needle two inches long, making the whole length of the instrument six inches. The calibre of the needle is about twice that of the hypodermic syringe. With this I can readily reach any internal hemorrhoid likely to occur, since these tumors are formed almost always by the dilation of loops of veins rather than in the straight longitudinal veins, and hence are seldom situated more than one or two inches from the anus. The injection of carbolic acid is appropriate whenever the ligature is appropriate ; for obliterating the dilated vessel before stasis occurs ; before a clot is formed. After complete stasis and formation of a firm clot, the lancet is the most ready means of relief. I believe in most instances the injections are equally as effective as the ligature, and possess advantages over it. First, by causing very much less pain, and, secondly, by being much more easily applied,

especially above the sphincter. Then there are ten who will submit to the injection to one who will submit to ligation; at least I think it is so in my practice. Then again the bowels need not be shut up as after ligation. The patient can go about attending to light work; the morning after the operation take a saline laxative and have a passage from the bowels without the slightest pain or hemorrhage, provided you have selected the right tumor for operation."

"In regard to the quantity of the mixture (carbolic acid, ʒiij., olive oil, ʒi.) to be injected into a tumor, it should never exceed five minims at one time. By the use of eight minims I have in two instances seen suppuration follow."

"I now use from two to five minims, according to the size of tumor; never inject a tumor a second time until the inflammation has completely subsided, say ten days or two weeks, then, if shrinkage has not taken place, inject a second time. But during this period of waiting we are not to be idle. We must ply our patients with the daily use of *saline cathartics*. When we encounter a case of hemorrhoids we usually find constipation accompanying it, and we are very apt to regard the constipation as the cause of the hemorrhoids. It may be a remote cause, but I believe it is very seldom the primary cause. It is more correct, I think, to regard the hemorrhoids and the constipation as the result of a common cause, viz.: *sluggish portal circulation*. Hence the manifest relief so often obtained in this malady by this class of cathartics."

"Too much importance cannot be attached to the use of dilute saline cathartics in the treatment of hemorrhoids. The Congress water is my favorite; a pint or a quart every morning before breakfast, as the case may require. In case the patient cannot afford the Congress water I give some of the artificial mineral waters, or the sulphate of magnesia instead. Some one of these should be continued two or three months."

HOLLOW CONICAL SOUNDS:—Dr. J. L. Hicks, of Flushing, New York, has had constructed a set of four hollow conical sounds of steel with an internal calibre of about one-sixteenth of an inch, to be used with a long whalebone guide. The base of

the cone is at the junction of the curve with the shaft. The size of the smallest sound is No. 7 (French scale), at the point, and No. 10 at the shaft; the largest, No. 10 at the point and No. 18 at the shaft; the others intermediate. The curve is Van Buren's.

He says:—"I have demonstrated practically the utility of these sounds in a considerable number of cases of stricture, and have realized their advantages, both for prompt relief of retention and for dilatation, and I believe them to be as safe as any metallic sounds can be. The guide, running through the entire length of the shaft of the instrument, is not likely to become jammed or broken, and the point can hardly go astray and do damage even in unskilful hands. When the bladder has been reached and the guide withdrawn, the instrument serves as a catheter."

A RECTAL SPECULUM, AND A FEMALE URETHRAL SPECULUM.—At a recent meeting of the Cumberland County Medical Society, at Portland, Me., Dr. Geo. F. French exhibited a modification of Dowell's vaginal speculum adapted to use in the rectum.

The instrument is made of steel wire, of sufficient flexibility to allow the sides to approximate at their ends, when introduced, and with rigidity enough to retain its shape. There is a slight constriction near the handle, for the sphincter ani to grasp, and a lateral flaring of the blades which effectually prevents the instrument from slipping out of the rectum, even after the sphincter has been ruptured. This speculum is equally well adapted for use in the vagina and has the advantage over other vaginal wire-specula of being *self-retaining*. The handle can be so deflected as to bring the upper, lower, or either side of the rectum into view for mere inspection or operative procedure. The smallest size is an efficient endoscope; can be introduced without discomfort to the patient, and is suitable for ordinary office use; the largest size requires anæsthesia, involves rupture or extreme dilatation of the sphincter, and has been found particularly serviceable in quilting a hemorrhoidal surface too rotten to be dragged outside and ligated.

Dr. French has also devised another speculum, on the same principle, for exploring the *female urethra*, and by simply straightening the handle it becomes equally serviceable as an endoscope

for the dilated *Cervix Uteri*; in both cases its utility will be enhanced by the aid of a concave mirror.

A PRACTICAL PNEUMATOMETER.—Dr. Edgar Holden, of Newark, N. J., published, about a year ago, a list of one hundred cases observed with a new form of pneumatometer, since which he has had so many inquiries about it that he proceeds to describe it, as follows :

“ Properly it is a pneumasyren. It is of moderate cost, and portable, with the advantage that it may be prescribed for patients in whom the vital chest capacity is deficient.”

“ Briefly, it consists of a glass tube, one inch in diameter and ten inches in length, with metallic end-pieces, a piston made of two disks perforated by two rows of fine sloping holes precisely like the syren of Dove, a spiral spring, and finally an index and register. Expiratory and inspiratory efficiency, both actual and relative, are recorded, and the waviness and inequality of either are made evident to the ear.”

“ Better and of greater advantage, however, than this is the fact that the instrument will, by constant or rather frequent use, develop chest capacity, re-dilate the cells collapsed and weakened by incipient disease, and by its allowing a free passage of air will do this without danger to the affected tissues—differing in this last particular from the ordinary pneumatometer, which, however perfect as an instrument for scientific observation, could hardly with safety be universally prescribed.”

“ Forced *expiration* produces a low musical note gradually growing more and more high and intense, but sensitive to the least changes in the power exerted, while the index is steadily pressed toward the further end, and remains in place after the effort is exhausted. The latter has now to be pushed back with a wire replacer designed for the purpose, and by reversing the instrument full and forcible *inspiration* may be employed with similar results. The tube being graduated, the relation as well as the power of the inspiratory and expiratory efforts may be at once ascertained.”



## REPORTS OF SOCIETIES.

### MEETING OF THE BALTIMORE ACADEMY OF MEDICINE, APRIL 16th, 1878.

*(Reported for the Maryland Medical Journal.)*

Dr. Wm. Lee related the case of a lady suffering with severe gastric pains of a neuralgic character accompanied by nausea, vomiting, headache, and exhaustion, in which the symptoms were relieved by injecting subcutaneously the hydrobromate of quinia, in m. xx, twice daily for six days. This case had lasted several weeks and resisted the usual remedies.

Dr. Chisolm related some cases illustrating the inappropriate treatment often resorted to in eye diseases:

1. A patient who was cut through the cornea by the glancing of a nail, with emptying of the aqueous chamber and a protrusion through the wound of a portion of the iris forming an iritic hernia, was treated by poultices, and blue pills, followed by heavy saline purgatives, which treatment was kept up persistently for a week at which time the case was sent to him by the family physician. Cutting off the protruding iris and liberal use of atropia very soon brought about improvement.

2. A lady suffering under specific iritis, innocently acquired, was actively treated by a strong nitrate of silver collyrium, much to her detriment. This apparently is the stereotyped treatment of many practitioners who mistake the conjunctival injection for the primary lesion and neglect to use the atropia drop which in all cases will clear up the diagnosis and under no condition can do harm.

Dr. Chisolm also related the following odd case of injury of the eye:

A child eighteen months old fell upon the floor and got up screaming with his hand to his eye. A casual examination of the eye indicated no injury but as the child continued to cry, and to direct attention to the eye, further examination was made and a glistening metallic point was found protruding in the vicinity of the caruncula which being drawn upon an entire pin was extracted. It must have been sticking upright in the floor, when the child falling upon it drove it headlong into the socket between the eyeball and lachrymal sac.

In connection with this Dr. C. related a case, formerly reported by

him, in which a girl, whilst shaking a carpet, received as she thought some foreign body in the eye. Upon careful examination the head of a pin was seen sticking to the upper lid, and when pulled upon the pin was drawn out entire. Driven with force by the shaking of the carpet it had entered the upper eyelid point foremost and its velocity was sufficient to drive it completely through the eyeball the pin-head alone preventing its disappearance in the socket. The point had escaped at the fovea centralis and had destroyed vision by causing in course of time detachment of the retina.

Dr. Erich reported the case of a girl aged seventeen in whom the vagina was absent. The uterus was present and for four years she has suffered terribly every month during her menstrual periods, requiring large doses of morphia for her relief. A surgeon in the city once attempted an operation upon her but desisted after penetrating the rectum. This aperture has healed up and Dr E. proposes to attempt to make a passage with the knife through the fibrous tissue to the uterus.

Dr. McKew reported a case of cystic trouble characterized by inability to retain the urine longer than from one-half to one hour and the urine passed being sometimes bloody. No calculus could be discovered, and kidneys and urethra were healthy. Drugs having been used ad nauseam, milk diet was advised; this was begun last November and kept up strictly to the present time. The patient expresses himself as feeling "very comfortable," under this limited diet and says he does not know what it is to feel either hunger or thirst. At first the bowels were constipated but afterwards became regular. He still passes urine very frequently but can retain it two or three hours and he is very well satisfied with this result. He presents a hearty and robust appearance.

Dr. McKew also related a case of otitis media in which the purulent discharge takes place through the nose and mouth as well as the meatus auditorius externus. When the patient holds his head over and presses on the healthy side pus flows from the diseased ear.

Dr. Chisolm said it was not uncommon for the discharge to flow out through the nostrils since it finds its way into the pharynx through the Eustachian tube and is thence directed along a sort of slight ridge into the posterior nares. He also said that in cases of rupture of the membrana tympani, injections into the nares will emerge from the external auditory meatus; indeed this is the method of treatment employed in affections of the middle ear such as Dr. McKew has de-

scribed. The patient is made to swallow at the moment the injection is made, by which the palate is raised to a level with the floor of the posterior nares, and the walls of the pharynx compressed, the fluid by these means being forced to make its way into the Eustachian tubes thence to the middle ear. In using the nasal douche it is therefore necessary to be cautious when strong injections are employed. A Eustachian catheter is not essential in the injections referred to; indeed they cannot be made through it. The explanation of the effect of pressure in causing the discharge of pus from the ear, is probably to be found in the fact that the purulent collection is subpericranial.

Dr. J. Carey Thomas reported that he had been using glycerine in drachm doses thrice daily in several cases of piles with favorable results. It produces a slightly laxative effect, also soothes and relieves pain.

Dr. McKew referred to a case of diabetes mellitus (with a s. g. of 1036, and urine heavily laden with sugar,) in which the thirst was relieved by the muriated tincture of iron.

Dr. Erich had found irritability of the bladder one of the most troublesome symptoms in diabetes; in one case the patient was unable to retain his urine longer than one hour.

Dr. McKew reported that his experience with dialysed iron is unfavorable.

Dr. Chew said that he finds it as useful and reliable as any of the chalybeates and thinks it likely to prove as effective an antidote for arsenious acid as the sesqui-oxide of iron.

Dr. Arnold prefers the older preparations, as iron by hydrogen, and the pills recommended by Niemeyer. There is an unofficinal preparation (*Tinctura Ferri Pomata*) kept in the German shops in this city, which he finds a reliable chalybeate; it is made by mixing iron and mashed apples, the result being a malate of iron. He believes the undoubtedly beneficial effects of muriated tincture of iron in erysipelas due not to the iron but to the muriatic acid, and he finds the latter used alone equally as efficacious as the former.

Dr. Arnold related a case of otorrhœa, in a man of forty, which had lasted from childhood. The patient was subject three or four times a year to attacks of acute mania, each lasting about six weeks. Thinking these might be due to the discharge from the ear, he sent the case to an aurist who cured the otorrhœa, since which (nine months) he has had no occurrence of the mania.

BALTIMORE ACADEMY OF MEDICINE, MAY 7TH, 1878.

Dr. Cordell reported the case of a real estate agent aged fifty-eight,

height 6 ft. 3½ in., weight 120 lbs. At the age of fourteen he had typhoid fever; since that time has never been sick. Weight is the same now as at twenty-one. At the age of twenty-five he lost his appetite for breakfast, and has ever since dispensed with that meal. At the age of fifty-two, owing to the distance from his place of business to his residence, he gave up dinner also; for the last six years he has therefore confined himself to one meal a day and that about 6 P. M. From the time of rising in the morning until this hour not a particle of food or fluid of any kind enters his mouth. During the six years in which he has partaken of but the one daily meal, his health has been excellent, he has had no dyspepsia, and his bowels have been open once daily. He uses no stimulants and for the last two years has drunk no tea nor coffee. The evening meal is moderate in quantity, embracing the usual variety of a dinner table, he rarely however eats any other meats but fresh pork and bacon. Between the meal and bed-time he drinks a large quantity of water.

Dr. Richard McSherry reported the case of a lady with mitral insufficiency and regurgitation, who two weeks ago had a congestive chill; the pulse was imperceptible and she occasionally coughed up bloody mucus. Whiskey administered by the mouth was immediately ejected. The prognosis was exceedingly unfavorable. The treatment consisted in cautiously allowing the inhalation of æther, rubbing the surface with ammonia and applying sinapisms, and in injecting hypodermically equal parts of whiskey and æther at frequent intervals. In eight hours she became conscious and was able to speak. The patient's life was, he believed, saved by the hypodermic treatment.

Dr. McKew referred to a case in the practice of a prominent physician in Washington in which fatal narcosis resulted from a hypodermic injection of grain one-third of morphia in pneumonia. He (Dr. McK.) begins generally with grain one-fifth. Has never seen any ill-effects from such treatment.

Dr. McSherry referred to a case of pleuritis occurring many years ago under his care in which fatal narcosis resulted from morphia administered per orem, in repeated small doses, the amount taken in all not exceeding gr. i. On post mortem examination the pleural sac on one side was found filled with gelatinous matter, which had strongly compressed the lung on that side.

Dr. Chisolm had seen grs. iij, given hypodermically in one habituated to the use of the drug in this manner, and had once met at his

office a newspaper reporter, addicted to opium eating, who told him that he had taken 3 ij at one dose with suicidal intent without any bad effect. He also had a patient aged seventy, one of the best legal minds in the section of country in which he lived, who took daily grs. xij, and still continued the habit without detriment. He had also seen another case in which 3 j was taken at a dose.

Dr. Ward had seen a patient, a boy with rheumatism, who took by mistake gr. iss of morphine, with no ill effect, but decided benefit, the rheumatism being entirely relieved.

Dr. McKew had seen a patient who took about 3 j at a dose.

Dr. Erich regulates the dose according to the amount of pain, and with a person accustomed to the use of tobacco and other stimulants he begins with gr. ss. A patient of his with asthma took 3 ss. of hydrate of chloral twice without relief; he then gave gr. ss. of morphia which produced contraction of the pupils and stupor. These symptoms were relieved by electricity. He also used chloroform and ergot hypodermically and once saved a patient suffering with post partum hemorrhage by subcutaneous injections of brandy. He has never seen an abscess result from hypodermic injections of morphia which he attributes to the fact that as soon as cloudiness appears in his solution, he ceases to use it or at least filters it through his handkerchief which can easily be done at the moment.

Dr. McKew said that he also had never had an abscess to follow his injections, although he paid no attention to the cloudiness of the liquid; he does not regard as the cause of abscesses the minute organisms upon which the opacity depends.

Dr. Lee had been informed that in Paris they seek to avoid after-trouble by using cherry-laurel water; he adds to his solution a minute quantity of carbolic acid. He also referred to the treatment of anæmia by hypodermic injections of solution of dialysed iron.

Dr. Chisolm quoted statistics of McCarthy Dawson, of London, showing the fatality of æther inhalations; in the report, 151 deaths from æther had been collected.

Dr. H. P. C. Wilson regards æther equally as dangerous as chloroform.

Dr. Chisolm reported several cases of eye and ear trouble, as follows;

1. Rupture of membrana tympani from a person suddenly and gently pressing his open palms over the ears of the patient from behind. The rupture was due to the compression of the air in the meatus auditorius externus. Buzzing, dizziness, and slight dullness

of hearing resulted immediately. The prognosis of such cases depends upon whether the bones of the tympanum have been displaced inwards into the labyrinth or not ; in the former case the loss of hearing and vertigo will be permanent, in the latter complete recovery will take place. The eustachian tube is closed except in gaping and yawning ; hence the air cannot make its escape by that channel.

2. Case of supposed amaurosis in a child four years of age, presenting a spot in the centre of the pupil due to intra-uterine ulceration of the cornea and escape of aqueous humor. On further examination double cataract was also found, zorial in character but of extensive development, which as it was surrounded by a layer of healthy lens substance gave a blackness to the pupil quite different from the usual white opacities of the lens in childhood. It was only under full dilatation of the pupil from atropia that the red reflex of choroid could be perceived around the margins of the lens.

3. Case of ciliary staphyloma of long standing with complete destruction of vision, exciting sympathetic ophthalmia in the other eye. A blow from a piece of stick in cutting wood had struck the staphylomatous projection, and ruptured the eyeball, necessitating enucleation.

4. Case in which an explosion of a keg of gunpowder took place twenty-three years ago, injuring the face extensively, especially the forehead. During the cicatrization from the sloughing, the upper lids were absorbed by contraction of the eyebrows, causing marked ectropion and exposure of the eyeballs. To relieve this condition, the lash border was loosened from its elevated position, drawn down to its proper place, and a tongue of skin cut away from the temple was inserted for the formation of a new lid. As the mucous membrane still pouted in excess, it was necessary to restore the upper cul-de-sac by the application of a suture support, passing from the brow downward. Final result of case very satisfactory. In this connection Dr. C. reported several cases of blepharoplasty, in which the new lids had been taken from various parts of the face, sometimes from the skin of the temple as in this instance, at other times a plug of skin had been taken from the cheek with footstalk from the temporal region ; again a flap of skin from a direction parallel with nose, with footstalk at inner canthus. The only objection to temporal flaps was the free hemorrhage from cutting the temporal artery.

5. Case illustrating slowness of development of cataract. Patient seventy odd years of age. Saw the patient first in 1868 ; found then

incipient cataract. A drawing of the striations was then made. A comparison of this drawing with the appearance now presented shows that there has been no change after nine years, although the prospect from general experience was that in 18 months or two years, the cataract would have occupied the whole of the lens.

6. Case illustrating the rapid development of cataract. A patient had incipient cataract but had good sight for two years, until one morning on rising he found his sight gone.

Dr. Erich brought up the subject of the comparative fatality of craniotomy and Cæsàrean section. The former is far less serious than the latter; statistics show twenty-five per-cent of deaths in Cæsàrean section. He has had fifteen cases of craniotomy without a fatal result. Every effort was first made in these to extract with the forceps; one of the fifteen was a eleven months foetus, the nails were long and it was as large as an infant of two months, whilst the mother was a woman of small size; another case was a twin-pregnancy, in which craniotomy was performed upon the first child after unsuccessful use of forceps; the forceps also failed with the second, which was delivered dead-born after the performance of version. His rule is, when forceps have been tried in vain, to proceed at once to craniotomy, not to attempt version. He referred to a case in which a surgeon operated with Smellie's scissors; the uterus was perforated, the bowels protruded through the rent and were drawn out by the operator, who then recognized what they were and restored them as best he could, but the patient died. We must give due weight to the consideration that craniotomy is done by all practitioners; the Cæsàrean section by surgeons only.

Dr. McKew said that the Cæsàrean section had not been performed sufficiently often in this city to decide the question proposed by Dr. Erich. He has had three cases of craniotomy, none of Cæsàrean section on the living subject. Craniotomy done at the proper time does not compromise the tissues of the mother. Has never seen any ill results from craniotomy in his own or the practice of others.

Dr. H. P. C. Wilson has performed craniotomy three times and agrees with Dr. Erich as to the safety of the operation when performed at the proper time.

Dr. Van Bibber said the operation of craniotomy should as a rule be limited to those cases in which the diameter of the pelvis is less than three inches.

He related a case of extra-uterine foetation in which, after lasting

several days, the pains subsided, and the patient was lost sight of. Six years and a half afterwards she came under the care of Dr. C. Johnston, suffering with symptoms of chronic dysentery. He was led by peculiarities of the case to make a digital examination of the rectum, and thus detecting the presence of a foreign body, he extracted portions of the skull of the fœtus and finally the entire remains. He also related a case in which the pelvic canal was so eneroached upon by an osseous tumor, that not only was natural labor prevented, but the Cæsàrean section was seriously contemplated. In the emergency it was determined to try and deliver the fœtus by drawing down the extremities. This was successfully done, and the body extracted, but the head could not be gotten out, and the woman finally died exhausted.

A consideration of these cases had suggested to him whether it were not better to leave the child undisturbed in utero and trust to the resources of nature, in these dystociæ so seriously jeopardizing the life of the mother.

Dr. Erich thought the patient would certainly perish from septicæmia if this course were adopted.

Dr. McSherry preferred Cæsàrean section to craniotomy in all cases where the child is living.

Dr. McKew thought craniotomy should not be performed upon a living fœtus; we have no right to destroy a life to save a life.

Dr. J. Carey Thomas reported a case in which the end of a glass vaginal syringe was broken off in the vagina and passed afterwards with the menstrual flow.

Dr. Van Bibber reported the case of a lady at the "Carrollton," on her wedding trip, from whose vagina he extracted three pieces of broken syringe.

EUGENE F. CORDELL, M. D.

Reporting Secretary.

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## MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

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[Reported for the *Maryland Medical Journal*.]

Meeting of March 21st, 1878.—Dr. Wilmer Brinton, exhibited a patient with the following history of *Syphilis from a bite*:

J. W., aged 22, oyster shucker by occupation. About Christmas, 1877, had a disagreement with one of his fellow-workmen which resulted in a fight. During the fight, W. was bitten on the nose, by his

opponent, producing a rather severe wound, which, however, readily healed. About a month after the fight occurred, the patient noticed that his nose became sore at the point where he had been bitten. This increased, becoming painful and swollen. A few weeks later the submaxillary glands became enlarged and tender, the enlargement being more decided upon the side where the bite was. There was some fever, sore throat and *malaise*, as the patient expressed it—"a bad feeling generally." About a week before applying for advice, an eruption of brownish spots, with some pimples here and there, appeared on his breast, back, arms, buttocks and thighs. When questioned, regarding previous venereal troubles, he confessed to a clap about three years ago, but denied any knowledge of any ulcer of the penis. Inspection of the genitals failed to reveal any lesion or cicatrix upon the penis. The inguinal glands were very slightly enlarged. No induration along the course of the urethra, and had never suffered from stricture. Had not noticed any falling of the hair.

The site of the original injury was found to consist of an ulcer seated upon an indurated base. The submaxillary and post-cervical glands were found enlarged, and the pharynx injected. On stripping him, his trunk, arms, and thighs were found covered with a well marked erythemato-papular eruption, the spots beginning to fade upon the chest and being apparently succeeded by disseminated pustules, which were most numerous around the neck. The diagnosis arrived at was that the case was one of syphilis, and the mode of infection had probably been through the bite upon the nose. It was assumed that the inflictor of the bite was syphilitic. Dr. Rohé had been called in consultation, and after examining the patient confirmed the diagnosis, but suggested "confrontation" of the patient with the man who had bitten him in order to render the evidence of the source of infection complete. On the following day the latter individual was found and examined both by Dr. Rohé and himself. An examination of the mouth revealed a large mucous patch occupying the inside of the left cheek near the labial commissure. The patch had a grayish surface, with shallow fissures running through it in various directions, and a large, firmly infiltrated base. As this evidence was deemed sufficient, no further examination was made of the man. He admitted voluntarily that some time last fall he had suffered from "the bad disorder." (Under the use of calomel locally, and bi-chloride internally, the patient, W., rapidly improved.)

Dr. I. E. Atkinson said the eruption was undoubtedly syphilitic in

character, and was doubtless communicated in the manner suggested by Dr. Brinton.

Dr. Caldwell referred briefly to the manifestations of the disease in this case, and reminded the Society of the cases reported by Dr. Sims at the American Medical Association.

Dr. Rohé said he had seen this case with Dr. Brinton and examined the man who had inflicted the troublesome bite. Although this mode of communicating syphilis was rather unusual, five cases had recently been reported by Professor Zeissl, of Vienna. One of Zeissl's cases was strikingly similar to the one just related by Dr. Brinton. The patient had been bitten by a comrade in the hand during a brawl. The wound which was over the metacarpo-phalangeal articulation of the left thumb, readily healed, but in a month became infiltrated and ulcerated. Secondary syphilis resulted and the man had an erythematous syphilide when he came under Prof. Zeissl's care. In another case, the initial lesion followed a kiss upon the cheek. In two cases the disease was communicated by bites inflicted during the performance of the sexual act. The remaining case was published about nine years ago in the *Medical Times and Gazette*, and occurred in a London policeman who was bitten on the finger by a prisoner whom he had arrested. Thorough examinations had been made in all these cases and infection in the usual way excluded.

OSTEO-SARCOMA.—Dr. Evans related a case of supposed osteo-sarcoma of the humerus, in a boy 12 years of age. The swelling had been noticed shortly after the boy's arm had been rudely pinched or grasped by a teacher. In the opinion of most of those present the growth of the tumor, as reported, was too rapid to be a sarcoma.

INTESTINAL HEMORRHAGE.—Dr. Leonard related the following cases of intestinal hemorrhage:

1. Miss M., aged 23, school teacher, alternates between two school rooms, the one kept hot, and the other quite cool; thermometer in the latter being frequently as low as 56° (Fahr.) while, in the former it is generally over 70°. Has had hemorrhage from the bowels during winter of 1876-'77, with subacute hepatitis and constipation. Gave her laxatives and ergot. The hemorrhages recurred in July, 1877, January and February '78 (lasting six weeks), and again in March. After the last attack there was a purulent discharge from the bowel. She also complained of hemorrhoids. Would not consent to a rectal examination. The cause of these attacks was thought to be

portal congestion following constant exposure to marked changes of temperature.

2. Mrs. N., aged 30, was first seen March 17, 1878. Is seven months pregnant. Has had fifteen hemorrhages from the bowel during the preceding week; is very much exhausted from loss of blood; pulse weak and compressible. 90 per minute; temperature 99.4°. Abdomen tender and tympanitic; constipation. Ordered a simple laxative.

18th. Has had no operation, but passed blood three times to-day. Ordered enema and castor oil.

19th. 9-30 A. M. Had a slight evacuation, scybalous and covered with blood. Had hemorrhage during the night and feels faint. Ordered use of bed-pan and a pill containing

℞ :—Hydrarg. Chlor. mit.	-	-	-	grs. iii.
Aloes	-	-	-	gr. i.
Pulv. Doveri,	-	-	-	gr. i.

SIG.—“At bed time.”

M. ft. pil. i.

8 P. M. Was called to see her suddenly. She was reported to be in a convulsion, following a fainting fit. Judged the convulsions to be anæmic. Rectum healthy and empty; no piles. State of os indicates 8th month or later. Ordered Fl. Ext. Ergt. 15 drops every 3 hours, with digitalis and stimulating diet.

21st. 9 A. M. Had several hemorrhages last night but feels better; pill caused three free evacuations, first scybalous, last soft and normal. Ordered opium. 5 P. M. One slight hemorrhage at 4 P. M. feels better, but wants sleep; gave opium. gr. 1, every three hours.

Midnight. Was sent for, as she again had a convulsion. Her condition was now so threatening that a consultation was determined on with the view of inducing premature labor. Ordered chloral as a nervous sedative.

22nd. Very weak; although she has had three more hemorrhages, her condition is so much improved that, with Prof. Arnold's advice, the induction of abortion was postponed. Had several labor pains during the day. Continued ergot and gave her ether for the fainting spells of which she had several during yesterday and to-day. Has pain in the back, and several bearing-down pains, but the intervals are very long.

23rd. Witnessed one of her convulsions to-day; it was not anæmic but hysterical; while it lasted, respiration and pulse were slightly accelerated; eyes rolling and limbs rigid. The attack was preceded

by a smothering sensation. Pains more frequent with discharges of blood from uterus after the pains. Stopped ergot and gave one-quarter gr. morphia, and 30 grs. potassium bromide every three hours.

24th. No hemorrhages, no convulsions, two fainting spells; labor pains increasing. Continue bromide and give one-quarter gr. calomel, as there had been no stools, no appetite, and bad taste in the mouth.

25th. Labor pains increasing in frequency and strength. Gave viburnum prunifolium, 3 i three times a day. This was continued for three days, producing considerable disturbance of the stomach, but no appreciable good effect upon the uterine contractions. The pains continued strong but produced no dilatation. The viburnum was then stopped and the pains gradually wore away without any special treatment, and the woman finally recovered.

#### MEETING OF MARCH 28, 1878.

TREATMENT OF PILES BY INJECTION OF CARBOLIC ACID.—Dr. Monmonier reported several cases of piles treated by the injection, into the tumor, of a strong solution of carbolic acid. The method, he said, was safe and effectual and could be used in cases of persons who refused to permit the removal of the tumors by means of the knife, *écraseur*, or ligature. Drs. Brinton, Fiske and Leonard had tried this method and found that in their hands it caused such excessive pain they would never be willing to resort to it again.

Dr. Monmonier also related a case of prolapse of the rectum, which he had successfully treated by means of the thermo-cautery.

A SINGULAR CASE OF AURAL VERTIGO was related by Dr. Theobald: A little girl, two years of age, deaf and dumb from birth, was affected in the following manner. Frequently while running about the room playing with the other children, she fell directly backwards, striking sometimes violently on the back of the head. The attacks seemed to come without any premonition. It was believed to be due to some defect of the semi-circular canals.

Dr. Caldwell referred to a case, previously shown to the society by him, which had presented similar features.

Dr. Caldwell exhibited a patient with *paralysis*: Col.—, 57 years of age, was attacked one afternoon last November, after exertion and exposure to cold, by paralysis of the left leg. The paresis extended, and on the following morning the whole of the left side was affected. He remained under care of his family physician, until February last, when Dr. Caldwell was consulted. Under the use of large doses of bromide and iodide of potassium and the constant current, he rapidly

improved. There is still sensory disturbance, pains about hip and shoulder, and severe headache, particularly at night. Had occasional diplopia, but no headache for five years previous to the seizure. Is very much troubled by inability to sleep. He has been married for thirty-five years, and is the father of one child, stated to be healthy. Syphilis was suggested as the cause of the troubles, but patient avers that he has not had sexual intercourse for 34 years.

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## MEDICAL SOCIETY OF NORTH CAROLINA, TWENTY-FIFTH ANNUAL MEETING.

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(Reported expressly for the *Maryland Medical Journal*.)

Society met in Goldsboro' in May, beginning on Tuesday 14th, Dr. R. L. Payne, President, in the chair, and Dr. L. J. Picöt, Secretary.

Nearly or quite fifty members, comprising many of the most prominent physicians from all parts of the State, answered to their names.

The Addresses and Papers were all well considered, appropriate and instructive.

Dr. L. A. Sayre, of New York, was made an honorary member of the Society.

A resolution was passed instituting a series of sections and appointing chairmen appropriate to each.

The State Board of Health, despite the difficulties with which it has met, is doing a good work and bids fair to increase in usefulness and efficiency. Faith was confidently expressed in the eventual success of such a purely disinterested plan for improving the condition of the people.

The Essayist was Dr. Charles Duffy, of Newbern, subject—*Diphtheria*.

The oration was delivered by Dr. W. T. Ennett, of Pender county, subject—*Harvey as the True Discoverer of the Circulation of the Blood*.

Dr. R. H. Towles, of Raleigh, was expelled for conduct unbecoming a gentleman, a physician and a member of the Society.

The North Carolina *Medical Journal* was highly endorsed and the proceedings of the Society were ordered to be printed therein.

Fourteen applicants for membership, having passed a satisfactory examination, were duly accepted.

The following officers were elected :

*President* :—Dr. Charles Duffy, Jr., Newbern. *Vice-Presidents* :—Dr. J. A. Gibson, Concord. Dr. Willis Alston, Littleton. Dr. James McKee, Raleigh. Dr. A. A. Hill, Lexington. *Treasurer* :—Dr. A. G. Carr, Durham. *Secretary* :—Dr. L. J. Picöt, Littleton. *Orator* :—Dr. W. W. Lane, Wilmington.

The following gentlemen were appointed Chairmen of the Sections :

*Surgery and Anatomy*.—Dr. Charles J. O'Hagan.

*Obstetrics and Gynæcology*.—Dr. H. Otis Hyatt.

*Practice of Medicine*.—Dr. W. A. B. Norcom.

*Materia Medica and Therapeutics*.—Dr. G. G. Smith.

*Microscopy and Pathology*.—Dr. G. G. Thomas.

The President's valedictory was on *Influences which affect the Child Before Birth*.

The Committee on memoirs reported five deaths, among the members, since the last meeting.

The following Board of Medical Examiners was elected to serve six years :

*Examiner in Chemistry* :—Dr. Thomas F. Wood.

*Secretary and Examiner in Physiology* :—Dr. H. T. Bahnson.

*Examiner in Obstetrics* :—Dr. T. D. Haigh.

*Examiner in Anatomy* :—Dr. Geo. L. Kirby.

*Prest. and Exam'r in Practice of Medicine* :—Dr. Peter E. Hines.

*Examiner in Surgery* :—Dr. Joseph Graham.

*Examiner in Therapeutics* :—Dr. R. J. Hicks.

Society adjourned to meet in Greensboro' on the third Tuesday in May, 1879.

L. J. PICÖT, *Secretary*.



## SELECTIONS.

### A CLINICAL LECTURE ON SOME RARE FORMS OF SKIN DISEASE.

BY LOUIS A. DUHRING, M. D., PROFESSOR OF CLINICAL DERMATOLOGY  
IN THE UNIVERSITY OF PENNSYLVANIA MEDICAL SCHOOL,

#### ELEPHANTIASIS ARABUM.

The patient is thirty years of age and unmarried. Her health was perfectly good until she was ten years old, when the glands

in her axilla began to swell. They were poulticed and then lanced, but there was no discharge. This attack of adenitis confined her to her bed for a month. Shortly after her recovery her right arm below the elbow began to enlarge, and, in a day or so, became greatly swollen and very painful, the skin growing red and tense. These acute symptoms lasted only about a week, but recurred regularly once in every few months; each recurrence driving the symptoms further down the arm. At fifteen years of age she began to menstruate, and the attacks were postponed for a year; then she was again subject to them at intervals. At first the local swelling subsided entirely between the attacks, but gradually the enlargement became permanent, and the limb increased in size with each succeeding year. In every instance, the attacks were ushered in by a chill, followed by fever.

The attack from which she is at present suffering, began about seven days ago. She tells me that she woke up in the morning with a headache and feelings of general *malaise*. Her arm at once grew swollen, stiff and painful, the skin assuming a dense red appearance. In the course of thirty-six hours bullæ came on the wrist and between the fingers. The cuticle of the arm and hand desquamated rapidly, and the afflicted member grew more and more painful, red and hot.

The extended history which we have of this case, throws a great deal of light on the processes of this disease, although those processes are not so well defined, and their results not so well marked as is sometimes the case. To-day, the woman is convalescing. Her arm is still very painful as she holds it up thus, before you. The inflammatory induration, as you see, has not extended above the elbow, at least, but very slightly above it, for just at the elbow joint there is still a great deal of swelling. The arm illustrates the peculiar pinkish hue of the skin in the disease. This coloring is generally diffused over the whole surface. Towards the wrist the tissues have become very much hardened. Even now, that the acuteness of the attack is over, the hand is swollen out of all natural proportion. The fingers can be moved but slightly. The skin is hard, very thick, very glossy, and a deep pink in color. In fact the whole limb, below the elbow, is

very much in the same condition as we should expect to find in severe erysipelas. Of course the woman can do no work while these attacks last.

I have not time to-day to give you in detail the history of the disease known as elephantiasis arabum—its causes, symptoms, pathology, diagnosis and treatment. Suffice it to say that in this country it is very rare. In India, Japan, and in fact throughout the far East, it is very common. You must be careful to draw the distinction between elephantiasis arabum and elephantiasis of the Grecian writers; i. e., elephantiasis græcorum. The latter disease is that generally called leprosy—the most baneful disease known to the Grecian writers. It was distinguished by fungous growths about the face and joints, and atrophies and droppings off of parts, leaving the unfortunate sufferers frightfully scarred and disfigured.

Elephantiasis arabum is an hypertrophy of the connective tissue—elephantiasis græcorum is a new formation, so you see they possess nothing in common. Elephantiasis arabum ordinarily affects the lower extremities. There have been two well-marked cases of it in the Pennsylvania Hospital quite recently. In one of these cases Dr. Thomas G. Morton performed the operation of nerve-section upon the afflicted limb, and so succeeded in effecting a permanent cure. I have one other case in my wards at the Philadelphia Hospital at present. With these exceptions there have been but few examples of the disease in this city of late years. In the year when the University Hospital was first opened, there was a very marked case of scrotal elephantiasis arabum at Prof. John Neill's clinic. Dr. Neill removed from that man's scrotum a mass weighing between thirty-five and forty pounds.

It is easy to confound this disease with recurring erysipelas or with inflammatory disease of the skin, following the touch of poison ivy, etc. In the latter case there is generally found, upon questioning, to be a distinct history of poisoning, and once over, there will, of course, be no repetition of the symptoms. Here the disease has recurred regularly for twenty years. Between the attacks of recurrent erysipelas, the inflammation generally subsides entirely; in this disease the enlargement is permanent.

Even in countries where this disease is common, it is rare to find it attacking the arm, much more is it the case in this country. I never remember to have seen a case like this before. The prognosis would be grave, here, even were it possible for something to be done to prevent the recurrence of the attacks. Various treatments with this purpose in view have been proposed. I have never placed much confidence in any of them. A celebrated Calcutta physician has spoken very highly of repeated doses of the iodide of potassium—the drug to be continued for weeks, or even for months. This woman has been upon no treatment whatsoever. I was afraid at first that she had been applying arnica (which only intensifies the pain and swelling) surreptitiously, but upon close inquiry, I found that such had not been the case. In one instance, which came under my notice, a hand poisoned by repeated applications of arnica, looked identically like this one.

#### ERYTHEMA NODOSUM.

This little boy presents the symptoms of a disease which I do not think any of you have seen here before. Like elephantiasis arabum, it is a disease very rare in Philadelphia. As far as I can gather, it is also very rare in New York and Boston.

I have made the little patient stand on the seat of this chair, and you can all see plainly these two (one on each leg) contusion-like lesions, on his shins. Looking at them leaves the impression that the child has fallen down and bruised his shins.

Some authorities consider this disease as entirely distinct from erythema multiformum, while others regard it as but a separate manifestation of the same disease. I am inclined to side with the latter form of belief, and to regard it as one of the same family to which erythema papulatum and tuberculosum belong.

These two isolated nodes on the lad's shins, when I examine them closely, are found to be hot, with central whitish spots. To-day, I see that the whitish spots have been replaced by greenish disks. These did not exist yesterday. It is a well known fact that all the erythematous diseases are associated with a play of colors. It runs from red to deeper red, to blue, purple, green, orange, yellow.

The boy first noticed the local spots of soreness three or four days ago. The disease rarely lasts over two or three weeks. The mother tells me that the child was slightly sick four or five days before the nodes made their appearance. Young subjects are very likely to have constitutional disturbances. The nodes come out suddenly, at night perhaps, on one or both legs or arms, occasionally on the forehead. They look so much like bruises that the mother seeing the child in the morning supposes he has bruised himself in falling out of bed. There is no limit to the number of nodes which may appear. I have seen as many as twenty lesions cropping out over legs, thighs and forearm. Whether the number be small or large the whole limb is generally swollen and is so hot and painful that the child can scarcely walk during the first few days of the attack. These acute symptoms do not last long, but the discoloration of the parts lingers in some cases through two or three weeks. This little fellow has improved vastly within the past day or so. When I last saw him it was only with the greatest difficulty that he could limp along.

The disease ordinarily appears in the spring-time. Occasionally I have known of its occurrence in the fall. With regard to the pathology of the affection we know but little. It is generally supposed to be an inflammation of hemorrhagic nature. A great many opinions have been expressed as to its cause. Dermatitis contusifomis, a name which I proposed several years ago, expresses very satisfactorily I think, the nature and local appearances of the disorder.

Treatment of course can be only palliative.—*Hospital Gazette*, May 23rd.

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OBJECTIONS TO THE USE OF CARBOLIC ACID IN THE TREATMENT OF PILES.—Dr. J. M. Mathews, in a paper on the above subject, after discussing the relative value of injections and the ligature, says:

We have proven that for a cure to be effected by the acid that it must be by the natural process, viz.: *Inflammation, suppuration* and a *slough*. What more favorable condition than the burrowing of pus in the tissues adjacent to the rectum? Take into consideration that the hæmorrhoidal tumor is oftentimes as large as

a walnut or a hen's egg. To coagulate this amount of blood, to degenerate into pus, perhaps to be absorbed, I say is no simple matter. We have in the ligature a plain, simple, harmless and radical cure for piles. It has stood the test for many years. It is theoretically and surgically the only proper method of cure in these cases. The acid is being widely used by "advertising specialists," and in their hands will prove a dangerous remedy. Let them wield the instrument and suffer the penalty. My conclusions as to its use are, viz.:

1. Use the acid only in the smallest tumors.
2. Should it be used in a large tumor, inject once only in one portion, and wait several days, and then inject another portion.
3. Use the smallest amount possible in injecting, say one to three drops of the mixture of sweet oil and carbolic acid equal parts, or a stronger solution.

I had the pleasure of witnessing the use of the thermo-cautére at the London Hospital; also in the hands of Mr. Allingham, in the treatment of piles. It is a beautiful instrument, and acts like magic in some cases. The point is brought to a white heat in a few seconds, and is then inserted into the pile to its base, repeating the operation at different parts of the tumor. Mr. Allingham confines its use to very small piles, which are immediately "dried up," as it were. The point used for the purpose being flat and passed just *over* the tumor, not touching it. The French instrument is much to be preferred to the American, for the reason that it is easier handled, and has not the hissing sound. It can be procured at a cost of fifty dollars.

Since writing this paper, my attention has been called to an article published in a late number of the *Toledo Medical Journal*, wherein the author reports the use of the acid in its concentrated form in these affections. He says the immediate effect is a "shrinking, hardening, and whitening of the tissues, and a cure by the production of a slough." I prefer a strong solution of the acid, for the reason that I have mentioned, and that a slough must be produced is the position that I have taken. The author states that no pain accompanies the operation. This I deny. All of my operations have been attended with more or less pain, and my

friend, Dr. Carter, had the most intense pain to combat, and had at last to resort to the ligature for relief. Admitting that a slough is produced and the wound left to heal by granulation, I fail to see any advantage over the ligature. You have as large base to heal, consequently a longer time to effect a cure. With the number of authorities that I have cited, corroborated by my own experience, I see no good reason for using the acid in lieu of the ligature, save in the small number of cases that I have mentioned.

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A CASE OF STRYCHNIA POISONING, WITH RECOVERY.— On Sunday morning, the 28th ultimo, J. L., eighteen years of age, took, with suicidal intent, "ten cents' worth" of strychnia, supposed to be five or ten grains. Dr. E. R. Baer and myself were called as soon as it was discovered, and arrived together at the house probably an hour after the drug had been taken. The young man's mother stated that she had given him the white of an egg, a teacup of sweet oil, some salt and water, and a small dose of ipecac, and that she was obliged to pry his mouth open with a spoon to get her remedies down. He had taken his breakfast of three eggs, some bread and butter and a cup of coffee, nearly three hours before. When we entered the room he was making some feeble efforts at vomiting, and we immediately aided his efforts by copious draughts of mustard and warm water between the tetanic spasms, which were, as yet, infrequent. We sent for bromide of potassium, apomorphia, chloroform and tannic acid, in the meantime continuing the mustard water freely. He had copious emesis, and appeared to be greatly relieved by the introduction of warm water, cold water producing violent tetanic spasms, and we were obliged to use warm water as a menstruum in giving the bromide, etc. Opisthotonos occurred frequently, and the spasms continued at irregular intervals for several hours, but were quickly relieved by chloroform inhalation, and somewhat controlled by the patient himself, who seemed very anxious to recover, and retained consciousness throughout. The skin was cool; pulse 120, and irregular; respiration difficult, with spasms of the muscles of the neck, threatening suffocation; vision im-

paired (strabismus); and stiffness of both extremities continued several hours after all alarming symptoms had disappeared.

Dr. Morawetz, the family physician, arrived about two hours after the case had been in our hands, and suggested the administration of Calabar bean, but as we felt that the worst had passed, the spasms occurring less frequently and much milder, it was finally deemed unnecessary to resort to its use. The patient gradually recovered without further medication, other than an occasional resort to chloroform, strong hot tea and hot beef tea—having been under the toxic effects of the drug about six hours.

He passed an abundant quantity of urine at intervals, dating some three hours after taking the poison, analysis proving it to be heavily loaded with strychnia.

The interesting points in this case are : the large dose of poison taken, the rapid emesis produced by the mustard water (it is the second case of poisoning by strychnia in which I have used it satisfactorily), notwithstanding the well known difficulty of producing emesis when this drug is taken, the copious discharge of strychnia-loaded urine, and the remarkable antipathy evinced by the patient to cold water, crying out against its use and begging to have it taken out of the room. The mere sound of pouring water, a breath of air, or any noise in the room would, of course, send him off into a tetanic spasm.—Dr. P. H. Bailhache, in *Med. and Surg. Reporter*, May 25.

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THE PROPHYLAXIS OF SCARLATINA.—In the *Ohio Medical and Surgical Journal*, for April, Dr. G. H. Harman extols the virtues of hyposulphite of soda as a remedy for the prevention and modification of Scarlatina. His rule is to put the affected one, as well as the whole family of children exposed to the disease, on hyposulphite of soda. He administers the drug in solution, in syrup and water, the dose equaling about three fourths of a grain to each year of the child's age ; four times a day to the well ones, and every three or four hours to the sick ones, for the first few days, when its frequency is diminished. In all cases the solution of chlorate potash is used as a gargle, and where the throat takes on the diphtheritic patching, carbolic acid and muriated tincture

iron are added. In eight families, of forty-three children exposed, twenty-six contracted this disease, seventeen were not affected by it, and not a single death. In every family the first case was the severest and, as a rule, the only severe one. He esteems the remedy of great value and asks the profession to give it a fair trial and report results.

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DIFFERENTIAL DIAGNOSIS OF PLEURITIC EFFUSIONS BY MEANS OF PHYSICAL SIGNS.—About two years ago Prof. Bacelli, of Rome, published a paper in which he sought to demonstrate the possibility of diagnosing, by the aid only of auscultation, the fluid or solid character of the effusion. His method consists in applying the ear to the naked thorax at a point where percussion reveals dullness, and the patient is then ordered to pronounce a word of appropriate consonance, first with a loud and then with a low voice. The head of the patient should be directed as far away as possible from the side to which the physician's ear is applied. When the effusion is poor in morphological elements, the sounds will be clear; when rich in morphological elements, the sound will be indistinct or covered by egophony. When the bronchi are filled with mucus, the sound will be indistinct, and will not be transmitted at all when the pleura contains a large quantity of pus or blood. Dr. Valentiner (*Berl. klin. Wochenschrift*), having tested the above statements, and verified his own results by puncture, arrives at the following conclusions: 1. Abundant dropsical effusions (even when rich in albuminous matters) transmit the sound very well, even when the patient speaks low. 2. Inflammatory exudations, rich in fibrin, and more or less thick, only slightly prevent the transmission of the same sound. 3. When the effusion is purulent or sanguinolent, a low sound of the voice is not transmitted. 4. Accumulations of mucus in the large bronchi prevent a clear transmission of the voice. 5. So also the case of deposits of lobular pneumonia.—*Gaz. Med. de Paris*, 45, *N. Y. Medical Journal*.

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CAN SYPHILIS BE TRANSMITTED BY MEANS OF THE SPERMATIC FLUID.—A contribution to this much debated topic is to be found

in the *Annales de Dermatologie et de Syphiligraphie*, tome 8, No. 6. It is in the form of an original article by Dr. H. Mireur, known as the author of an admirable thesis entitled "*Essai sur l' Hérédité de la Syphilis.*" In this article Mireur, after showing the inadequacy of several observations which have been brought forward to prove the inoculability of the spermatic fluid of a syphilitic person, adduces several cases coming under his own notice, in which inoculation was attempted without success. A patient in full evolution of secondary syphilis, having roseola papulosa, mucous patches, etc., provided fresh spermatic fluid, which was immediately inoculated upon four persons absolutely free from syphilitic antecedents. Upon two the spermatic was introduced into the arm by charged needles. Upon a third a blister was produced upon the leg the size of a ten-cent piece, and a bit of charpie soaked with the spermatic fluid was placed on the raw surface. On the arm of the fourth person an abrasion was made over the insertion of the deltoid, and several transverse incisions were made at this spot. The matter to be inoculated was placed upon this abraded surface as in the previous cases. With the exception of a slight local inflammation, no result whatever ensued: no symptoms of syphilis, of any kind, were noticed. Mireur points out the frequency of the contagion by the blood and the secretion of mucous patches, comparing the statistics of this variety of infection with those adduced in that under consideration, and analyzes the assertions of the writer who maintain the infectiousness of the spermatic fluid. These will not bear close examination at all, and we are inclined to think that Dr. Mireur has so far decidedly the advantage in the strength of the proofs he brings forward.—*Phil. Medical Times*, May 25, 1878.

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URINARY TROUBLES OF OLD AGE.—Many old men endure a large amount of unnecessary suffering, especially in the urinary organs, from an apprehension that their infirmities are the inevitable results of age. A medical adviser will put them in the way of mitigating evils which can not be entirely overcome. Even so grave an affection as diabetes may be benefitted by a proper regimen. The troubles connected with making water may be

overcome, to some extent, by instruments. The calculous diathesis may be corrected by proper treatment, and the bladder rendered tolerant of a stone by alkalies. Sir A. Cooper relates a case in which a country parson, with a calculus in his bladder, was able to go fox-hunting under their use, and even persuaded himself that the stone was gone. By early attention, the calculus may be discovered while it is small and removed by a comparatively painless operation. Dr. Franklin's last years were embittered by a stone in his bladder. Dr. Physick, towards the close of his life, operated on the aged Chief Justice of the United States, John Marshall, and removed more than a thousand small calculi from his bladder. Sir Walter Ogilvie, thirty years before, had one taken from his bladder in London, which weighed three pounds and four ounces, and died in ten days in consequence of the severe operation.—*L. P. Vandell on Old Age: Its diseases and its Hygiene.*



## EDITORIAL.

MEDICAL AND CHIRURGICAL FACULTY.—A called meeting of the Medical and Chirurgical Faculty of Maryland, was convened in Hopkins' Hall in this city on May 15th.

The object of the meeting was to receive the report of the committee on Ethics, to whom had been referred charges made by Dr. W. J. McDowell, against Dr. George Reuling, both practising eye and ear diseases in this city. The charges made by Dr. McDowell were that Dr. Reuling had repeatedly violated the code of Ethics, and continued to do so by advertising his specialty of eye and ear diseases in various newspapers throughout the country, and had paid for notices of his successful operations. The committee on Ethics, after the thorough examination of evidence, found Dr. Reuling guilty of the charge, and made a unanimous report to the Society to that effect. A motion was made by one of the members that, as this was the first case of a breach of Ethics which had been brought before the Society for discipline, the extreme penalty of expulsion should not be carried out, however aggravated the offence was, but that a vote of reprimand be passed instead. After much discussion, by various members, this resolution of reprimand was adopted by a large vote in its favor.

It is not our purpose to comment upon this verdict of the Faculty. Their decision was rendered without fear or prejudice, and, under the rules, was the mildest in their power to inflict. There was not a doubt that the code of Ethics had been grossly violated.

The question is, *are there not other members* of the Faculty who have violated this code? If so let the Faculty hold them accountable and purge itself of the imputation now resting upon it. This advertising business is an open and acknowledged wrong, and the sooner the profession takes its stand against charlatans and quacks, and frowns down every open or *disguised* mode of advertising the better and purer it will become.

We shall not extenuate anything, "nor set down aught in malice," but we do desire to see the standard of medicine exalted and we trust a rigid investigation will be made into the conduct of every member of the Faculty suspected of "crookedness" to the end that it may be purged of every semblance of evil.

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VACANCY TO BE FILLED.—On or about the 1st day of July, the Faculty of the University of Maryland, will elect a Resident Physician to the Baltimore Infirmary, to fill the vacancy occasioned by the resignation of the present incumbent, one of the editors of this JOURNAL.

Applicants for the position are requested to hand their names to the Dean, Professor S. C. Chew, before the 1st. of July. The position is only open to graduates of the University of Maryland, who have spent one year in the Infirmary as Clinical Assistant.

We speak with authority when we say there is no position within the gift of any School which offers better opportunities for professional advancement, and which will in the end better reward the ambitious and industrious physician.

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HOSPITAL NEWSPAPER BOXES.—We would suggest the establishment of newspaper boxes in all the hospitals, hotels and railroad depots in the city, in which persons can deposit newspapers and other reading matter for the benefit of hospital patients. The experiment has been tried, in Philadelphia and elsewhere, with marked success, and satisfaction to the recipients of this favor. It may seem a trivial matter, but it affords a comparatively unoccupied field for the display of charity. Numberless poor, pain-racked patients, could beguile many a weary hour, or at least make existence tolerable, if only books, pictures or newspapers were put in their reach.

We trust some charitably-inclined physician's wife or daughter will put this suggestion in practical shape. There will be no difficulty in enlisting aid.

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THE UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE.—The *Annual Circular* of the University of Maryland, for 1878, is before us. The Summer course, which has been rearranged, is to facilitate study in the intervals between the sessions, and is free to all matriculants of the University, the matriculation ticket being good for the Winter course also. Arrangements have been made with the authorities of the Johns Hopkins University by which opportunities are provided for a limited number of medical students, to attend a series of physiological demonstrations to be given by Prof. H. N. Martin, in the Hopkins' Biological Laboratory, on Wednesday and Saturday afternoons during the medical session.

COLLEGE OF PHYSICIANS AND SURGEONS OF BALTIMORE.—We have received the *Annual Catalogue and Announcement* of this school for 1878. In addition to its other facilities for instruction, the opportunity is afforded its students to attend weekly demonstrations in Physiology, to be given by Prof. H. N. Martin, at the Biological Laboratory of the Johns Hopkins University on Wednesday afternoons during the medical session. A Spring session has been added, supplemental to the regular course, and several prizes and distinctions are offered, which cannot fail to interest, and nerve to greater exertions, aspirants for medical honors.

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OUR FUTURE.—We think that our friends will bear witness to the fact that the JOURNAL has steadily improved in appearance and grown in interest as it has grown in size, in age, and in favor. Its friends can now be numbered by thousands; its subscription list is rapidly increasing; and, altogether, the prospect is highly encouraging, foreshadowing, as it does, a long and successful career for it. We invoke the continued countenance and aid of true physicians everywhere, promising, on our part, persistent and untiring efforts to serve them acceptably.

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OUR ADVERTISEMENTS.—We ask the attention of our readers to the new advertisements appearing in this issue, viz.: G. T. Sadtler & Sons, Houghton, Osgood & Co., Merrell, Thorp and Lloyd, Buffalo Lithia Springs, *Maryland Medical Journal*, J. H. Foster & Co., as well as our old patrons.

Read the certificates, from eminent physicians in this state and others, of the remedial effects of the Buffalo Lithia Waters.

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THE MEDICAL COLLEGE of the Pacific has adopted the three years term, after the manner of Harvard and the University of Pennsylvania, and students matriculating after the course which begins this month, will be required (before they will be recognized as candidates for graduation,) to have attended three full courses of lectures, the last in this School.

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THE APRIL number of the *Ohio Medical and Surgical Journal* is very severe (and, we are free to confess, deservedly so,) on Professor Toland's book, *Lectures on Surgery*. The book would do no credit to a one-term medical student after a month's practice in a country village.

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MRS. DR. HODGDON, of San Francisco, has been found guilty of murder in producing an abortion upon a Mrs. Downes. Some women enter the medical profession ostensibly to pursue it legitimately, but more particularly to ply the nefarious calling of abortionists.

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APPOINTMENT.—Dr. Geo. H. Rohe, Lecturer on Diseases of the Skin in the College of Physicians and Surgeons, has been elected Librarian of the Medical and Chirurgical Faculty of Maryland, for the ensuing year. Dr. Rohe is energetic, enterprising and industrious, and will make a faithful and efficient officer.

THE MAY number of the *Pacific Medical and Surgical Journal* completed its twentieth volume. The success it has achieved, under its able management, is well deserved and we trust it may long continue.

Dr. Wm. F. Lockwood, Jr., has been appointed Associate Demonstrator of Anatomy, at the College of Physicians and Surgeons, Baltimore, to assist Dr. J. G. Wiltshire, who has been Demonstrator for some years.

THE HERALD OF HEALTH, a manual of practical hygiene, or guide to health, by Dr. E. W. Gray, is the title of a new publication just started at Bloomington, Ill., the May number of which has been received.



### BRIEFS.

THE TREATMENT OF ALCOHOLISM.—At the New York State Inebriate Asylum, Dr. David H. Kitchen, the Superintendent, gives the following as some of the prescriptions which have proved to be most reliable:—

- |  |                          |         |    |
|--|--------------------------|---------|----|
| R.   | Acidi phosphoric dil.,   | ℥ x.    |    |
|  | Elixir calisayæ          | ℥ ss.   | M. |
| Sig.—To be taken at one dose, and repeated before each meal.       |                          |         |    |
| R.   | Tincturæ nucis vomicæ,   | gtt. x  |    |
|  | Tincturæ cinchonæ co.,   | ℥ ij.   | M. |
| Sig.—To be taken in water before meals.                            |                          |         |    |
| R.   | Spt. ætheris sulph. co., | ℥ j     |    |
|  | Tincturæ nucis vomicæ,   | gtt. x. | M. |
| Sig.—To be taken when the patient suffers from great restlessness. |                          |         |    |
| R.   | Extract hyoscyami, fld., | ℥ xx    |    |
|  | Chloral hydrat,          | gr. xx. |    |
|  | Aquæ.                    | q. s.   | M. |
| Sig.—For insomnia.   |                          |         |    |
| R.   | Extract fluid hyoscyami, | ℥ xxx.  |    |
| Sig.—In insomnia, and repeat if necessary.                         |                          |         |    |
| R.   | Extract fluid conii,     | ℥ xxx.  |    |
|  | Potass. bromidi,         | gr. xx. |    |
|  | Aquæ.                    | q. s.   | M. |
| Sig.—Repeat in cases of insomnia.                                  |                          |         |    |

℞. Potass bromidi,  
 Sodii bromidi,           aa. gr.xx  
 Aquæ.                           q. s.                           M.

Sig.—To be repeated, if necessary, in cases of insomnia; particularly useful where there is marked restlessness.

It has frequently been observed in this institution, that a single glass of milk, taken at bed-time, will produce the same effect as an anodyne or hypnotic, and as a rule we adopt this course before we prescribe medicine; often we prescribe medicine in milk. Experience has also demonstrated that the hot bath does more to relieve the unsettled condition of the nervous system than any medicine we can prescribe. —*Med. and Surg. Reporter*, May 25th, 1878.

THE ARKANSAS STATE MEDICAL SOCIETY.—Met at Fort Smith, May 1st. Dr. A. W. Carrigan, President, delivered the annual address. He spoke of malarial influences throughout the State that would probably be relieved by proper hygienic measures, and for this object recommended the establishment of a Board of Health by the General Assembly of the State. He criticized the action of the last Legislature in their neglect of this important measure, and trusted that something might be accomplished looking to this end, in the future. Of the six or seven thousand who annually die in this State, fully one-fourth might be saved if proper sanitary precautions were exercised; that the profession of the State are not responsible for this annual loss to our population.

The Judicial Council presented the following resolution, which was adopted:—

*Resolved*, That no member of the Hot Springs and Garland County Medical Society be allowed to register, or delegate therefrom be admitted at this meeting of the Society. Five members of these societies were also expelled in due form.

The following officers were elected:—*President*—A. A. Horner, of Phillips county. *Vice-Presidents*—T. W. Hurley, of Benton county; W. H. Hawkins, of Little River county; J. S. Shibley, of Logan county; Isaac Folsom, of Lonoke county. *Secretary*—R. G. Jennings. *Assistant Secretary*—L. P. Gibson. *Treasurer*—A. L. Breysacher. *Librarian*—J. H. Lenow.

Next place of meeting, Little Rock, the first Wednesday in May, 1879.

ABSORPTION OF TINCTURE OF IODINE BY THE SKIN.—Dr. L. Menager has experimented upon children with a solution of equal parts of tincture of iodine and glycerine, rubbed into the skin, and has arrived at the following conclusions. 1. Iodine in tincture, mixed with glycerine and applied to the external integument, is absorbed. 2. This absorbed iodine is invariably found in the secretions and in the urine. (Dr. M. tests for iodine by adding a little starch to the urine in a test-tube and then dropping a few drops of nitroso nitric acid into it. This gives a blue or violet color, according to the quantity of starch present.) 3. This application may give rise to certain symptoms, usually a variety of mild temporary albuminuria. 4. Dressings containing tincture of iodine may be employed as a means of introducing this medicine into the system when it cannot be taken by the stomach. 5. It must not be forgotten that when this absorption takes place in patients subject to nervoso-vascular erethism, as in certain cases of phthisis, where these dressings are often practised, they may do more harm than good.—*Dublin Med. Press. and Circ.*

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COMPRESSION OF THE EPIGASTRIUM IN OBSTINATE HICCOUGH.—Dr. Favrier, *medecin aide-major*, calls attention in the *Journal de medecine et de chirurgie pratique* to a simple and effectual means of checking rebellious hiccough. For a patient treated in vain by morphia vesicants, local cauterizations of the epigastrium, hypodermic injections of morphia, ether, bromide of potassium, chloral, etc., he conceived the idea of making strong pressure upon the epigastrium with the tourniquet of Petit. *The hiccough which had been incessant for fifty days ceased completely in five minutes.* When the compression was relieved the hiccough returned for a few minutes and then disappeared permanently. M. Favrier added that he did not have convenient an electric apparatus with which to try Faradisation of the phrenic nerves.—*La France Medicale*, May 1, 1878.

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HOT WATER INJECTIONS IN UTERINE HÆMORRHAGE.—Runze tried the effect of injections of water at a temperature of about 40° R. in uterine hæmorrhages. The result was in general satisfactory, in some cases very favorable, but in others no effect was produced. This process was tried in ten cases of atomic hæmorrhage, in seven cases of hæmorrhage after abortion, or retention of placental fragments, in three cases of hæmorrhage with neoplasms. The results were relative-

ly best in the first class ; in the second it succeeded only after completely emptying the uterus ; in the third the benefit was only momentary. Generally the temperature of  $40^{\circ}$  R. was tolerated, occasionally only  $30^{\circ}$ . A temperature of  $41^{\circ}$  or more was inadmissible. The irrigator is recommended for the injections. Especial mention is made of the fact that anæmic women find their general sensations improved by the imparted heat.—*Berliner klin. Wochenschrift* and *Centralblatt f. Chirurgie*, No. 38, 1877.—*N. Y. Medical Journal*.

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BALTIMORE AS A MEDICAL CENTRE.—We desire to direct the attention of physicians, and young men who contemplate entering the profession, to the advantages afforded in this city for the successful prosecution of study in all the branches of medicine. With its well-known colleges, extensive hospitals and dispensaries, convenient location, reputation for hospitality, healthfulness and cheap living, the advantages afforded, and attractions offered those in pursuit of a thorough medical education, are not surpassed, if equaled anywhere.

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A REQUEST.—We constantly aim to improve the JOURNAL, and ask our friends and readers to do all they can to aid us. Write us all the medical news ; anything pertaining to medicine or doctors ; short, practical letters, or articles, on subjects of interest to the profession. Report to us all the deaths, marriages, appointments, changes, etc., in each locality. We want the latest news, as we desire to make the JOURNAL a vehicle of business, social and professional communication between doctors in all sections of the country. Do this, and we are your debtors, add \$3. for a year's subscription, for yourself or friend, and we will be doubly indebted therefor.

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TREATMENT OF TRANSVERSE FRACTURE OF THE PATELLA.—At a late meeting of the Clinical Society, the president, Mr. George W. Callender, brought a patient fitted with an apparatus, which he had employed for some time past at St. Bartholomew's Hospital. It consisted essentially of a sheet of plaster, fitting to the thigh, and extending to the upper margin of the patella, with loops on either side of that bone, and of a canvas slipper between which, acting from the sole of the foot, and the loops in the plaster, such extension was made by means of pulleys as suffices to draw the upper fragment down to the lower portion of the broken bone. It was easy to regulate the tension,

and when it was thought well for the patient to get up, the apparatus was left on, as it acted just as well when the man was walking about, as it did whilst he was recumbent in bed. Practically, the appliance had been found to insure very good results.—*Medical Times and Gazette*.

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A REMARKABLE CASE OF MORPHINE TOLERANCE BY AN INFANT.—Dr. J. L. Little reports (*Am. Jour. Obstet.*, April, 1878) a case where paregoric in small doses was administered to a child three weeks old, for the relief of suffering caused by an inflammation of the knee-joints. The child gradually bore larger and larger doses—the paregoric was changed to tr. opii., and this again to Magendie's solution. Soon the child obtained such a tolerance of this drug that, in a couple of months, from half a drachm to a drachm a day was necessary to quiet it. This state of things continued until *the amount consumed by the child, then less than eight months old, was two ounces of Magendie's solution in twenty-four hours*. The dose was gradually diminished at the rate of about three drops per day, and at the time of making the report, but ten drops were given at bed-time. The child's appearance improved very much; it is intelligent, and weighs eighteen pounds.

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THE CALIFORNIA STATE MEDICAL SOCIETY held its eighth annual session in San Jose on the seventeenth of April. The session was well attended and great interest therein was evinced. Two ladies were elected to membership. The following officers were elected: *President*, H. S. Orme, Los Angeles; *Vice-President*, A. W. Saxe, Santa Clara; J. M. Briceland, Shasta; Jas. Simpson, San Francisco; G. L. Simmons, Sacramento. *Assistant Secretary*, first—F. W. Hatch, Jr., Sacramento; second—Thos. Ross, Yolo. *Treasurer*, J. E. Oatman, Sacramento. The Society meets again in San Francisco in April, 1878.

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DR. HARRISON ALLEN, of Philadelphia, has been elected to the chair of physiology in the University of Pennsylvania, succeeding the late Prof. Francis Gurney Smith.

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DR. J. C. COOK, of Columbus, Ga., was shot and killed, at his residence, lately, by his brother-in-law, Charles Martin.

## BOOKS AND PAMPHLETS.

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### **PATHOLOGICAL REPORT OF THE MONTREAL GENERAL HOSPITAL.**

For the year ending May 1st, 1877 ; by William Osler, M. D., of McGill University. Published by Dawson Brothers, Montreal, Canada.

This excellent Book is a report of one hundred autopsies which were conducted in the Montreal General Hospital, by the author, during the period of one year. The post-mortems were performed with great care, and practical and valuable pathological facts have been recorded.

A synopsis of clinical facts are given in connection with pathological observations which greatly enhance the interest and value of the reports. The cases are grouped according to the various organs affected.

The author has been systematic and painstaking in his descriptions, and with great care has prepared a work which will not fail to interest and instruct the student of morbid anatomy. The plan adopted by this Hospital in recording and publishing the autopsies which have been conducted during the year is worthy of imitation, and should be adopted by every Hospital.

No where can pathology be so well and carefully studied and taught as in hospital practice, and hospital authorities should give encouragement to this useful work, by enlarging the facilities for post-mortem examinations.

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### **ADDRESS BEFORE THE ROCKY MOUNTAIN MEDICAL ASSOCIATION,**

June 6, 1877, by J. M. Toner, M. D., Washington, D. C.

This Association was organized in May, 1871, by members of the American Medical Association, who crossed the Rocky mountains to attend the meeting held in San Francisco, California. There were on that occasion one hundred and twenty-three physicians who crossed the continent, all of whom have been constituted members of the association. The organization is entirely social and memorial in character. Annual meetings are held at the time and place appointed for the meeting of the American Medical Association.

At each meeting an address is delivered by a member of the asso-

ciation. The address in 1877, was delivered by Dr. J. M. Toner, of Washington, D. C., and is now before us. This address contains observations on the geological age of the world, the appearance of animal life upon the globe, the antiquity of man, and the archæological remains of extinct races found on the American continent with views of the origin and practice of medicine among uncivilized races, more especially the North American Indians.

The address has been prepared with care, and is interesting and instructive. It contains a quantity of statistical information which has been collected and compiled with Dr. Toner's well recognized ability for such work. The style of writing is charming and the address highly entertaining. It is an enjoyable volume and we can recommend it to all readers who indulge in this character of literature.

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**PRESCRIPTION WRITING.** By Fredrick H. Gerrish, M. D., Professor of Materia Medica and Therapeutics in the Medical School of Maine, etc. Published by J. B. Lippincott & Co., Phila., 1878.

This work is designed to assist medical students, who have never studied Latin, in writing prescriptions correctly in this language. Part first contains rules to be observed in writing prescriptions, and part second presents all of the words that are necessary for this exercise, so arranged as to best facilitate reference and the easy acquirement of a sufficient familiarity with their various forms. As a number of medical students are not familiar with the Latin language, this volume will be found of practical use. It is a volume which contains much valuable information and will be found of much use to Druggists and Physicians.

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**RECTAL MEDICATION.**—An essay by William Bodenhamer, A. M., M. D. Wm. Wood & Co., New York, Publishers.

The author of this essay has prepared a work of general interest on a subject too often neglected and misunderstood by the physician. The administration of remedies and of nourishment *per anum*, has received comparatively little attention, save from the hands of specialists. In this work Rectal Medication is well presented, and the methods of its employment carefully explained. The administration of enemata, introduction of the Recto-Colonic Tube, the quantity and quality of the enemata, uses of Rectal Suppositories and Rectal Insufflation are described in section II.

Rectal absorption and Recto-Colonic Products are treated of in the remainder of the essay.

The essay is handsomely bound in cloth, printed on good paper, and is illustrated with appropriate engravings. *Multum in parvo* is strictly applicable to the work.

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A HAND-BOOK OF VOLUMETRIC ANALYSIS.—By Edward Hart, S. B., Fellow of Chemistry in the Johns Hopkins University. Published by John Wiley & Sons, New York. For sale by Cushing & Bailey, Baltimore Street, Baltimore, Md. Price \$2.50.

A work of this character is designed less for the student of medicine than a work more general in its scope. It is useful to the student of volumetric analysis, as it contains directions for the selection of apparatus necessary, and the methods of estimating elements and their compounds. The work is well prepared and handsomely illustrated with appropriate cuts of the apparatus to be used in volumetric analysis. It is designed for the use of classes in colleges and technical schools, and will be found of comparatively little use to the busy practitioner of medicine.

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MEDICAL REGISTER AND DIRECTORY FOR MARYLAND, DELAWARE AND DISTRICT OF COLUMBIA. By Wm. D. Chapin, Baltimore, Md.

This work contains a complete list of the names of Physicians and Druggists with post-office address, names and brief history of the National Medical Association, officers and places of meeting, Medical Associations of Maryland, Delaware and District of Columbia with names of officers and places of meeting. A history of the different charitable Institutions, with their rules and regulations for admittance, names and locations of Dispensaries, Colleges and Hospitals. The code of ethics adopted by the American Medical Association is attached.

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THE VEST POCKET ANATOMIST. By C. Henri Leonard, A. M., M. D., from 2nd enlarged Edition. Price 50 cents.

This is a small pamphlet of sixty closely printed pages, devoted to brief descriptions of the anatomy of the human organism. Much has been expressed in little and every student of medicine should possess it. It can be conveniently carried in the vest pocket and for this reason, is useful in the dissecting room or in surgical practice to one requiring reference to anatomy.

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## OBITUARY RECORD.

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DR. THOMAS JOHNSON, an Iowa pioneer, and long one of its most prominent citizens, has just died at Cromwell, in that State, aged 98 years. He was born in Huntingdon county, Pennsylvania, in 1780, and graduated at the Pennsylvania Medical College, Philadelphia, in 1802. He was probably the oldest Free Mason in the State, having joined the order in 1823. He was also an Odd Fellow, having joined the order in 1838, in Norwalk, Ohio, and had been a member of the Grand Lodge and Grand Encampment of Ohio and Iowa.

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AMONG those who have been recently carried off by typhus in St. Petersburg, is Dr. Blessig, Surgeon to the Ophthalmic Hospital of that city, into which typhus had been carried by one of the patients operated upon.

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DR. ROBERT LEWIS MADISON, Professor and Surgeon at the Virginia Military Institute, died at that institution on Sunday night, May 26th. Deceased was a great nephew of President Madison, and physician to Gen. Robert E. Lee.

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DR. FELIX ROUBAND, of Paris, founder of *La France Medicale*, one of the leading medical journals of Paris, died this Spring. He was more of a politician and writer than a practitioner.

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GENERAL J. J. B. WRIGHT, Surgeon United States Army, died at Carlisle, Pa., aged 78 years. General Wright entered the service in 1833, and served with distinction in the Mexican army.

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DR. ALBERT WAGSTAFF died on May 3rd, at his residence at Islip, Long Island, in the seventy-fifth year of his age.

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DR. JOHN J. H. STRAITH, a well-known physician of Charlestown, W. Va., died in May.

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DONNÉ, the well-known Parisian microscopist, died in April.

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# MARYLAND MEDICAL JOURNAL.

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## ORIGINAL PAPERS.

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### LEPROSY.

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BY GEORGE H. ROHÉ, M. D., LECTURER ON DISEASES OF THE SKIN,  
COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

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SYNONYMS:—*Lepra* ; *Lepra Arabum* ; *Lepra Hebræorum* ; *Leontiasis* ; *Elephantiasis Græcorum*, etc., etc.

Most of us, when we hear or read of leprosy, revert to the extended description given under that name in the 13th and 14th chapters of Leviticus. But when we endeavor to make the symptoms there recounted correspond with those given in our medical text-books, or try to apply them to a case of the disease under observation, we are confronted by a difficulty by no means slight. The reason for this is that the leprosy of the Bible is not merely the disease we nowadays recognise as such, but the latter, *plus* a number of other chronic or contagious diseases, among which we may doubtless reckon psoriasis, itch, leucoderma and probably syphilis. The original Hebrew word, rendered in all translations by the term, "lepra," "leprosy," is *Zaraath* or *Tsorat*, a collective expression meaning, according to accurate commentators, "a serious, chronic, or contagious disease." A close examination of various passages in the Scriptures will, however, show that even the Jewish priests already made some distinction between the different varieties of *Zaraath*. Thus in verses 12 and 13, of the above mentioned 13th chapter of *Leviticus*, a leprosy is described as a white eruption covering the entire body, and yet the patient shall be declared clean in the judgment of the

priest. This is evidently regarded as a non-contagious affection, and the description corresponds pretty nearly with that of psoriasis. The Leprosy of Naaman, on the contrary, of which he was cured by bathing seven times in the Jordan, was evidently contagious and transmitted by the clothing to the servant Gehazi, (2 Kings, Ch. 5). Now as the river Jordan contains sulphur, it seems probable, as suggested by Kaposi, (Hebra & Kaposi, Hautkrankheiten, 2te Aufl. 1, Bd. pg. 497), that the leprosy of Naaman was nothing more than *Scabies*, which can easily be understood as being curable in the sulphurous water of Jordan, and which might also be communicated by the infected clothing. Neither of these propositions can be applied to leprosy—as understood in this paper.

Among the Greeks, Aretæus, was the first to give an accurate description of the disease, under the name of elephantiasis. It is also referred to by Galen.

A brief, but strikingly correct account of the symptoms of the disease is given by Celsus, who says: "That disease which the Greeks call *Elephantiasis* is very common in some countries, although scarcely known in Italy, and is of the chronic class. The whole body is affected in such a manner, that even the bones may be said to be diseased. The surface of the body frequently exhibits blotches and tumors: their red color is gradually converted into a black; the surface of the skin is unequally thick and thin, hard and soft, assuming a squamous appearance. The body becomes emaciated, the mouth, the calves and feet swell; when the disease becomes inveterate, the fingers and toes are involved in the swelling, slight fever arises, which soon carries off its victim overwhelmed with so many afflictions." (A. Corn. Celsus: Eight books on medicine; translated by Lee, London, 1831, vol. 1, pg. 231).

Lucretius and Pliny mention the disease, stating it to be peculiar to Egypt.

Under the designation *Juzam* the Arab medical writers mention the disease described by the Greeks and Romans as Elephantiasis; but they at the same time described an entirely different affection as "Dal-Fil" (elephant's leg,) which was apparently not known

among the Greeks. This was afterwards rendered by the latin translators of the Arabian medical works by the term *elephantiasis*, and thus two entirely distinct and different diseases came to be known by the same name.

But to make the confusion still worse confounded, the older Greek writers had given the name *lepra* to an affection which we now know under the name of psoriasis.

To unravel this terminological snarl it will be best to state the case as follows:

The Hebrew *Zaraath*, (with some restrictions), is the same as the Arabian *Juzam*, the same as the Greek *elephantiasis*, the *lepra* of the Greek and latin translations of the Bible, of the middle ages, and of the modern German authors, the *leprosy* of the English, and finally is the disease we are now considering.

The *Dal-Fil* of the Arabs, is the *elephantiasis* of the middle ages, the elephant's leg, Boucnemia tropica, Barbadoes leg, elephantiasis Arabum, of the moderns and has no pathological relations whatever with leprosy.

The *lepra* of the early Greek writers is simply psoriasis of the moderns, and has likewise no relation with leprosy

During the middle ages, and especially after the Crusades, leprosy increased in Europe to a frightful extent. Hospitals, or rather asylums, for the unfortunate sufferers from this disease were established in great numbers. In the 13th century there were over two thousand of these leper asylums in France, and it is said that later there was a still larger number. In the 14th century the total number of these institutions in Europe was estimated by Matthew Paris, at 19,000, (Liveing: Goulstonian Lectures on Leprosy, London, 1873, p. 11.) These establishments were mostly under the direct control of the church or of the religious orders. One of the latter, the Order of Knights of St. Lazarus, was largely composed of lepers among the higher classes, and in the beginning only a leper could be elected as Grand Master. During the middle ages and even down to the present century the leprosy was generally regarded as intensely contagious and segregation of those affected not only regarded as justified, but necessary. The great increase in the number of lepers after the

crusades was, however, only apparent, as the constitutional symptoms of syphilis had not then been recognised as part of a disease originating from impure sexual intercourse. Many cases of syphilis were therefore doubtless considered as leprosy and confined as such in the asylum. This opinion is held and strongly expressed by Häser, one of the most painstaking writers on historical pathology. "The increase of leprosy at the time of the crusades," says Häser, (*Geschichte der Epidemischen Krankheiten*; 2te Aufl. Jena, 1865, p. 307,) "was only an apparent one, as it is well known that no great pains were taken in making an accurate diagnosis in this disease; many suffering from chronic eruptions were pronounced lepers, and condemned to the leproseries. Above all, however, the secondary and tertiary forms of syphilis, then as yet not known as a separate disease, furnished a very considerable contingent to the leproseries; a circumstance which, considering the contagious character of the latter disease, explains the influence of the crusades upon the number of so-called lepers." The view stated in the latter part of this quotation, is strengthened by the opinion current in the middle ages, and expressed by many of the medical writers of the 13th, 14th and 15th centuries, (*Bernard Gordon*; *Lilium Medicinæ*, Lugduni, 1559, who describes symptoms strikingly similar to syphilis under the head of "Lepra;" *Mich. Scotus*; *John of Gaddesden* and others,) that leprosy frequently results from sexual intercourse with unclean women (*ex coitu cum fœda Muliere*). Later, in the 16th and 17th centuries, syphilis was by many regarded as directly descended from leprosy. It may be stated, *en passant*, that this view is defended by some authors, even at the present day.

After the 15th century, leprosy rapidly diminished in Europe and at present is endemic only in certain limited districts. It is exceedingly prevalent in the East and West Indies, and the Sandwich Islands, being on the increase in the latter.

The history of leprosy in this country has been as yet only partially investigated; a recent paper by Prof. Joseph Jones, of New Orleans, (*N. O. Med. and Surg. Journal*, March, 1878,) gives considerable information regarding its existence in the Southern States. From the researches of Dr. Jones, it appears

that in 1785, a hospital for lepers was established in New Orleans. He quotes, among others, the historian Gayarré (*History of Louisiana; Spanish Domination*, pp. 166-167,) as follows :—

“ It is remarkable that leprosy, which is now so rare a disease was then not an uncommon affection in Louisiana. Those who were attacked with this loathsome infirmity generally congregated about New Orleans, where they obtained more abundant alms than in any other part of the colony. They naturally were objects of disgust and fear, and the unrestrained intercourse which they were permitted to have with the rest of the population was calculated to propagate the distemper. Ulloa had attempted to stop this evil, by confining some of the lepers at the Balize, but this measure had created great discontent, and had been abandoned. Miro now determined to act with more efficacy in this matter, and on his recommendation, the Cabildo or Council caused a hospital to be erected, for the reception of these unfortunate beings, in the rear of the city, on a ridge of land lying between the river Mississippi and Bayou St. John. The ground they occupied was long known and distinguished under the appellation of *La terre des Lepreux*, or *Leper's Land*. In the course of a few years the number of these patients gradually diminished, either by death or transportation, the disease disappeared almost entirely, the hospital went into decay and Leper's Land remained for a considerable time a wild-looking spot, covered with brambles, briars, wood, and a luxurious growth of palmettoes.”

Dr. Jones has had under observation one case of the disease in Georgia and four in Louisiana. Seven additional cases occurring in the latter state are reported by him from notes furnished by Dr. W. G. Kibbe. Five of these were closely related. The other two being supposed to have contracted the disease by contact with the former. In the *Concise Natural History of East and West Florida*, by Capt. Romans, 1776, leprosy is referred to as being sometimes seen among the blacks. In an address before the Dermatological Section of the International Medical Congress at Philadelphia, Prof. J. C. White\* refers to notes of sixteen cases

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(\*These notes were furnished by Dr. Geddings, of Aiken, S. C.)

occurring in Charleston, S. C. In the discussion following the reading of this paper, Dr. Bulkley referred to five cases, Dr. Duhring to one case, and Dr. White to an additional case. In the course of an extensive correspondence with a number of physicians, under whose notice examples of leprosy were most likely to come, I have gathered notes of about fifteen more cases, occurring most frequently in natives.†

In Tracadie, on the bay of Chaleurs, province of New Brunswick, leprosy has been known for a number of years, the first cases being observed about the beginning of the present century. It is generally believed to have been introduced by a French emigrant family from St. Malo, in Normandy. Some however think it was brought from the French West Indies islands. ‡In 1862 there were twenty-one lepers in the asylum at Tracadie, where the only institution of that kind is now maintained in North America. It exists among the Norwegian settlements in the North-West, but is said to be on the decline there. Cases are said to occur among the Chinese in California and other western states, but no observations have, so far as I am aware, been published.

In this city, three cases have been observed within the last ten years. Two occurred under my own observation, and, for notes of the third, I am indebted to the kindness of Prof. L. McLane Tiffany.

The cases are as follows :—

CASE I. A. B., aged 54, American, male, bricklayer, was born in New York, of parents themselves natives of that city. His parents were always healthy. Has two sisters who remain in good health. In 1855 he went to Cuba, working for a gas company in St. Iago for nine years. Was married in New York about twenty-one years ago. When he had been in Cuba five years, his wife and two children, boys, also came there to live with him. In 1864 he left St. Iago for Baltimore, and has since

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(†For the details of the cases I am indebted to Drs. Peyre Porcher, of Charleston; L. P. Yandell, of Louisville; Piffard, Bronson, Fox and Bulkley, of New York; Duhring, of Philadelphia; White, of Boston, and others to whom I desire here to express my obligations).

(‡Report on Leprosy, Royal Coll. of Phys., London, 1867.)

then been living here, working at his trade until last summer. He does not remember having been in close contact with any leprous person during the time he was in Cuba, but says he once saw a negro, who had been left alone to die in a barn, who was completely covered with ulcers. [Probably either a case of Leprosy or Yaws].

About two years ago he first noticed a peculiar sensation upon the forehead as if ants were crawling hither and thither upon the skin. This formication was varied at times by sharp, lancinating pains which he attributed to neuralgia. About the same time the skin of the forehead became darker, gradually assuming a light brownish color, tubercles in groups appeared upon his eyebrows, cheeks, nose, hands, feet and ears. All of these parts underwent the same pigmentary change. Occasionally had severe attacks of fever, which would necessitate his quitting work for a few days. At the end of these attacks some of the tubercles referred to would soften and discharge, and occasionally new ones would appear. He has been under medical attention since last summer, but has steadily grown worse. On the 19th of February, 1878, he was admitted to the City Hospital.

*Condition on admission.*—The patient is of slight build, about five feet four inches tall, and evidently much broken down in health. The face immediately attracts attention by its remarkable deformity and color. The latter is a smoky yellow, somewhat resembling dirty chamois skin. The eyebrows, nose, cheeks and chin are thickly infiltrated, looking as if irregular, hard lumps had been inserted in the skin. The ears are infiltrated in like manner, the lobes being greatly elongated and thickened. The lobe of the left ear is larger than that of the right. There is a rather sparse growth of sandy colored, dry-looking hair upon his lip and chin. The eye-brows are entirely devoid of hair.

The anterior and posterior surfaces of the trunk are of an almost uniform bronzed discoloration, the borders of the discoloration being irregular. The lateral surfaces of the trunk are of normal color. This bronzing also extends over the arms, hands, legs and feet.

There are about a dozen tubercles, from a small pea to a hazel-

nut in size upon his left hand and arm, extending to near the shoulder. The left ulnar nerve is considerably enlarged, and can be rolled under the finger at the elbow. The hands are enlarged, the skin thickened, unequally infiltrated and shiny as if oiled. The nails are deformed and brittle; no ulcerations upon the hands.

Upon the left leg, just above the external malleolus, is a superficially ulcerated oval patch about six cm. long and two and one-half cm. wide. The feet are very much enlarged, the skin thickened and infiltrated in the same manner as the hands, and the ends of the toes thickly covered with scales. Upon the inside border of the left great toe is a superficial ulceration  $2\frac{1}{2} \times 2$  cm., upon the outer border of the right foot is also an ulcer,  $5 \times 2$  cm. All these ulcers look as if the skin had been much bruised and the epidermis broken.

The epithelial layer of the tongue, hard and soft palate is of a grayish color, thickened and marked by deep fissures running in various directions, lips chapped. The conjunctivæ are of a dirty color. The voice is of a peculiar thin, husky character, probably due to the larynx being invaded by the disease. The left side of the body seems to be affected to a greater degree than the right.

The face, from the thickening and tuberculisation of the eyebrows, and the irregularity of the features presents the characteristic leonine features peculiar to this disease.

*Subjective Symptoms*:—Shooting pains in forehead at times. Impairment of sensibility of the hands; as he expresses it; "they feel numb sometimes." Sight slightly impaired. Sensation of smell diminished. He has a "stuffy" feeling in the nose, probably the consequence of the leprous infiltration having invaded the nares. Locomotion is painful on account of the ulceration of the feet.

The patient's wife, who had as stated before lived four years in Cuba with him, died 3 years ago without any manifestations of the affection from which he is now suffering. He has two sons, now aged 18 and 20 years respectively, and two daughters, 12 and 14 respectively, who have not yet had any disease of the skin.

*Treatment*:—The patient was put upon nutritious, easily digestible food, and was directed to take exercise in the open air daily.

He was given a tablespoonful of the following mixture thrice daily :

R<sub>y</sub>. Tr. Iodinii, ʒi.  
Ether Sulph., ʒj.  
Ol. Morrhuæ, q. s. ft. ʒvi.

M. S. "Shake the bottle."

Locally, he was directed to rub well into the thickened skin of the hands and face, Ungt. Pot. Iodid., and to dress the ulcers of the feet with Carbolic Acid Ointment. The tongue and palate were pencilled daily with a solution of nitrate of silver 20 grs. to ʒi.

Under this treatment he improved somewhat, the ulcerations healing up rapidly and the infiltration of the hands and face being apparently slightly diminished. He continued very comfortable until April 6th, when an attack of fever supervened, which threatened to carry him off. The infiltrated patches became hot, swollen and painful. Under the use of 5 grs. sulphate of cinchonidia every three hours, the fever was controlled by the 10th. On examining him then the few remaining tubercles had nearly entirely disappeared; some had become softened and discharged through a small opening in their summit, while the majority seemed to undergo a somewhat rapid resorption. The general infiltration appears to have become greater. The anæsthesia increasing. Hydrarg. Protiodide,  $\frac{1}{4}$ gr. *ter die*, was ordered and continued until April 20th, when all internal medication was discontinued. As he complained greatly of pain in the mouth, a solution of Bicarbonate of sodium was directed to be used as a mouth-wash, four to six times a day which gave marked relief. A few ulcerated spots having appeared on the fingers were dressed with carbolated cosmoline, (containing 3 pr. ct. of carbolic acid).

On May 1st, complains only of soreness of lips and pain in the legs and feet, otherwise comfortable.

May 13th, ordered 1 gr. Iodoform in pill with extract of gentian, after each meal.

May 16th, complains of malaise and fever during afternoon and evening. On 18th, the fever was again high and continuous

with pain and tenderness of the hands, face and feet. Cinchonidia grs. 5, every three hours, and on May 20th, fever abated.

On 21st, was dismissed from the hospital and went to his relatives in New York.

CASE 2. C. B., Female, æt., 46, married, was born in Baltimore of American parents, both of whom are still living. Her father is 88 years old and has until recently been healthy, but is now suffering from paralysis. Her mother is 77, healthy. Has had two brothers, one of whom died from Bright's disease, and four sisters one of whom died from puerperal convulsions. None of her sisters or brothers have shown any signs of the disease from which she suffers. The living ones have large, healthy families.

She has had seven children, three of which died of yellow fever, cholera infantum, and rheumatic pericarditis respectively. Of the four still living (two male and two female), the eldest (male) is 29 years, and the youngest (female) is 8 years old, all in good health.

In the spring of 1855, she went to New Orleans, and in August of the same year, had an attack of yellow fever. She remained in New Orleans until its capitulation to the Federal forces, and thereafter in different parts of the South; residing temporarily in Macon, Augusta, Savannah, Mobile, and other places. This migratory life was occasioned by the desire to be near her husband, who was attached to the Confederate army. In the summer of 1865, she returned to Baltimore, and has since resided here. Neither she nor her husband remember to have seen or come in contact with anybody affected like herself, at any time.

About nine years ago, *i. e.* four years after returning from the South, and when she was pregnant with her last child, yellowish and brownish spots appeared on different parts of her body, accompanied at times by a numbness, and at others by stinging pains. These spots slowly increased in extent, and during the course of four or five years, blisters would occasionally appear upon them. During her pregnancy she was treated by her family physician for dropsy; she suffered much at the time from headache, and her feet would swell and become painful.

About five years ago she began to have frequent and rather

severe lancinating pains across the forehead which became thickened and nodulated. Similar nodules soon appeared upon her cheeks, nose, ears, hands and feet. Her fingers would swell at the ends, become painful, finally burst open, discharge a quantity of blood and matter, and then heal up again.

About two years ago the sight of the right eye became impaired and for about a year has been entirely destroyed through progressive opacity of the cornea. The cornea of the left eye is also becoming cloudy, and will doubtless soon render her entirely sightless.

At the present time the face presents an irregularly thickened, shiny, lead colored appearance, which with the overhanging brows, devoid of hair, gives her the characteristic leonine features of leprosy. Upon the nose are two small ulcerations covered with scabs. There are also ulcerations upon the toes, elbows, and ends of the fingers, which are thickened, clubbed, and almost devoid of nails.

The hair of the head has fallen off in patches, leaving bald spots as in alopecia areata. She has lost about one-third of her hair in this manner.

She has deep-seated pains in the eyes, frequent headaches, muscular jerkings, and severe gnawing pains in the ankle-joints. There is considerable anæsthesia of the hands and feet. She cannot tell whether she has stockings on her feet or not, by the sensation merely, and when I pressed her hand she did not seem to respond readily to the pressure.

Her tongue and palate are marked by deep irregular fissures running through the epithelial layer; the lips are also sore. She cannot take hot or spiced foods without considerable pain; there is no salivation and no diminution of the sense of taste. She says her mouth and tongue have been much worse than they are at present. There is some discharge from the nose, which feels sore and "stuffy," but the sense of smell is as acute as ever. Her voice is of the same thin and husky character noted in the case of A. B.

The tuberculisation of the skin is not at all marked at present, there being a more or less general infiltration of the parts spe-

cially affected. The bronzed discoloration has extended over nearly the entire surface of the body. Frequently there is intense itching of the skin which does not subside until the superficial layers are rubbed off, when a little serum exudes and dries into a thin crust. She has occasional febrile attacks which confine her to bed for a week or two. After these attacks there is generally a disappearance of some of the tubercles, but the general thickening appears to increase.

The pain in the ankles and loss of cutaneous sensibility in the feet render locomotion difficult, and she has for a year or longer been entirely confined to the house.

Under the advice of an irregular practitioner she had used long continued large doses of arsenic without any apparent benefit. As it probably would do no harm, she was permitted to resume this treatment. She had been using oxide of zinc ointment as a dressing to the ulcers, which was continued, and alkaline baths directed for the relief of the itching.

None of the members of her family, who have been in constant contact with her, have shown any symptoms of the disease. Her husband has repeatedly had intercourse with her, since the disease first manifested itself, without any apparent ill effect.

The youngest child, who was born after the beginning of the disease in the mother, remains perfectly healthy, but will be kept under close observation, in order to detect the first symptoms, should the disease manifest itself in her.

CASE 3. Dr. Tiffany's notes are given in the following letter :

*31 Cathedral St., June 15th, 1878.*

DEAR DOCTOR :—

Unfortunately I have no notes of the case of Leprosy seen by me some years ago. I send the prominent features, however, as they impressed themselves on my memory.

W. B., male, aged 15 years, well nourished, intelligent, gives following history :

Born in West Indies, (Barbadoes,) of English parents in good circumstances. At age of (5 years) five years face began to be "bumpy" and has continuously become more so. Has been

otherwise well and has engaged in studies, amusements, etc., with lads of his own age. Has been treated for his face by many doctors without any alleviation of symptoms. Has occasionally had rheumatic pains in various parts of the body, thinks he has suffered from chills, but is not certain.

When seen by me the leprous condition was well marked; skin of face thickened by tuberculous infiltration, sebaceous glands very apparent, affected skin more dark than normal, somewhat shining and greasy, forehead, nose, lips and ears especially thick; thickened skin very anæsthetic, scalp not affected, hair normal. Thickened skin irregularly seamed in various directions, general shape of seams being curvilinear, several large patches of darkened skin on back, also anæsthetic. Spirits good, as also appetite and digestion. Genital organs very largely developed.

The following year I again saw W. B., all symptoms were markedly increased. Skin of face more thick and stiff, eyebrows covered with scales, alae nasi and lips cracked and fissured, hair thin and dry, scalp scaly, mucous membrane of mouth thickened and stiff; tongue less moveable than natural, voice husky and of high pitch; laryngoscopic examination showed thickening and rigidity of vocal cords and epiglottis. Skin of fingers thick, stiff and anæsthetic; leg just above left ankle discolored, the site of an ulceration two (2) inches in diameter. Had lost flesh, and was despondent about his condition. After this I saw W. B. but once and then but for a moment. The laryngeal affection had increased to the extent of almost complete closure, and a tracheotomy tube had been inserted. I have since heard that all symptoms continued to increase and that he died, but have been able to gain no authentic information. Death occurred I believe in his twentieth (20) year.

The parents of W. B. were not affected and he knew of no case occurring in his family. The treatment pursued was various, quinine in small and large doses, arsenic, iodide of potassium, iron, mercury in small doses. Locally carbolic acid in combination with oil was occasionally followed by good effect. Oil alone softened, but was not otherwise beneficial.

Many other drugs were tried, together with bathing and general

hygienic measures, but with no permanent benefit.

Yours, very truly,

DR. GEO. H. ROHÉ.

L. McLANE TIFFANY.

I have thought it preferable to give the clinical history of these cases thus fully instead of a didactic symptomatology of the disease. In all of them the typical symptoms of tubercular leprosy were present. The pigmented patches of skin, the tubercles, affection of the nasal, buccal and laryngeal mucous membranes, disturbances of sensation and superficial ulceration were all well marked. In Case 2, the premonitory fever and blisters were likewise present. In Case 1, the progress of the disease was rather rapid, the premonitory stage, if there was one, being extremely short, or else so slight as not to be noticed. The deformity of the extremities generally seen in anæsthetic leprosy was not present in either of the cases. In Case 3, the most distressing symptom was the obstruction to respiration from invasion of the larynx by the leprous infiltration, which demanded surgical relief by tracheotomy.

The most interesting question connected with leprosy is doubtless its causation. Is it due to something in the climate, the diet, the habits, and the conditions of life to which the sufferers have been subjected, or is it due to heredity or contagion? All of these elements have in turn been accused of causing it, and all have in turn been found insufficient to account for it. If it is climate, why are so few affected, in comparison with the total number of inhabitants? All or nearly all the inhabitants of a certain section of country where leprosy occurs are subjected to the same general climatic conditions, the same variations in temperature, humidity and atmospheric pressure is experienced by all, and yet the proportion of lepers is probably no greater than one-tenth to one-hundredth of one per cent. It seems to me the same argument by contrast would settle the question of the influence of diet, habits, and social condition. In neither of the three cases here related is there any evidence that either their food, or social condition or habits were even moderately bad; the presumption is rather the reverse. We are thus narrowed down to the two remaining factors of the disease, contagion and heredity.

As to contagion: Case 1, stated that in Cuba he had once seen a negro whose body was covered with ulcers, but had not been in contact with, nor even very close to him. This may have been a case of leprosy, syphilis or yaws; all of these affections are prevalent in the "Queen of the Antilles." Assuming that he told the truth, contagion from contact with a leper must be excluded in his case, as also in Case 2, where the evidence against such mode of communication is still more definite. They may however have been inoculated with pus or blood from a leprous patient, without their knowledge, but this is not probable. In Case 3, all evidence on either side of the question is wanting. Danielssen and Boeck by their accurate investigations in Norway, and the inquiry of the Royal College of Physicians into the extent of leprosy in the British colonies seem to have demonstrated that contagion was not a factor in the spread of the disease. Dr. Hildebrandt of the Sandwich Islands published a letter some years ago, strongly defending the doctrine of contagion, and asserting that no cases had been known in those islands previous to the Chinese immigration, contending that it had been introduced by the Chinese and that its rapid spread among the natives since that time proved its contagiousness; but, on the other hand, Dr. Enders, at present in charge of the government asylum for lepers on the Island of Molokai, S. I. states that cases of leprosy were known in those islands nearly twenty years before any Chinese arrived there. He does not believe it to be contagious, but thinks it can be inoculated and communicated, like syphilis, in vaccination (*Trans. Internat'l Med. Congress, Phil., 1876, pg. 717-721*). Heredity is generally assumed, and perhaps justly, to be the most important factor in the etiology of leprosy. Thus, Danielssen and Boeck found it hereditary in 185 out of 213 cases, while Bidencap traced it back in a number of cases through four generations. In the three cases here reported, heredity is positively excluded by the history.

It is apparent, then, that neither of the causes above mentioned is alone sufficient to account for the origin of leprosy; neither does it seem to me necessary to pin our faith to any one of them. The disease might, I think, be more aptly classed with such affec-

tions as lupus, psoriasis, or cancer, which depend upon a peculiar disposition, hereditary or acquired but of whose ultimate causes we know absolutely nothing. Thus, psoriasis, lupus and cancer are not considered contagious by any well informed physician at the present day, while the current belief in the heredity of cancer is rapidly losing ground since we can, so to speak, produce cancer at will. Although lupus and psoriasis appear to be transmitted in some instances from parent to off-spring, no one will venture to claim heredity as a cause of either. It seems to me therefore to be more philosophical to confess our ignorance of the causes, either immediate or remote, of leprosy, than to assume this or that factor as explaining its origin. The impression I would attempt to convey is that leprosy is not a specific, pathologically definite disease depending upon a known cause; but that it consists in a profound disturbance of the economy, analogous, or more properly, homologous, with cancer, beginning perhaps in the nervous system, occurring in all parts of the earth, and affecting individuals of all classes, the origin and nature of which remain for the present unsolved problems.\*

The pathological anatomy of leprosy has been carefully studied by Virchow, Kaposi, Carter, Neumann and others. These investigators found the skin, nerves and certain internal organs infiltrated by small, round, closely-packed nucleated cells, resembling the cellular new formation in lupus and syphilis. These cells may undergo fatty degeneration, softening and resorption, but have usually more stability than those of the other affections mentioned. The infiltration of the nerves explains the changes in sensation, there being first hyperæsthesia in consequence of pressure upon the nerve fibres, and later anæsthesia, on account of abolition of function of the fibres consequent upon the increasing infiltration. The prognosis is unqualifiedly bad. Although patients may be rendered much more comfortable by good food and other hygienic measures, complete recovery is not to be hoped for.

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\*Since writing this paper my attention has been called to an article by Dr. Geo. Gascoin, on "Indigenous Leprosy," in a recent number of the *Med. Times and Gazette*, in which the view above expressed seems to be hinted at.

The treatment to be of any value, can only be symptomatic. Notwithstanding the periodical discovery of some specific warranted to cure, disappointment is sure to follow, and we must then fall back on our old stand-bys, cod liver oil, iodine, iron and arsenic, with proper local treatment.

Within the last ten years, two methods of treatment have been introduced, for which as usual, extravagant claims have been made. They are Beuperthuy's, and the treatment by Gurjun Oil. Beuperthuy's method consists in placing the patient under the best possible hygienic conditions, giving small doses of mercury internally, and to rub the infiltrated patches of skin once or twice weekly with the oil of cashew nut. This acts as an irritant, causing a mild dermatitis and promoting more rapid resorption of the tubercles. Great results were promised from this plan, but Dr. Gavin Milroy, who recently thoroughly investigated the subject at the instance of the British Government, making a voyage to the West Indies for that purpose, states that though the patients show some improvement under this treatment, it ought perhaps to be rather ascribed to the better hygienic condition by which they are surrounded, and to the better food, than to any virtue in the special medication.

Gurjun Oil is an oleo-resinous exudation from certain plants of the *Dipterocarpeæ* family which grow in the East Indies. It is used both internally and externally, made into an emulsion with lime water. It has received extravagant praise in the English and East Indian Journals, but Prof. Neumann, who recently tried it in two cases in Vienna, failed to notice any effect produced by it. The most recent reports from the East Indies go to show that it modifies the condition of the patients, but has no curative value.

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# ONE CASE OF INTERNAL URETHROTOMY, WITH EXTENSIVE SLOUGHING AND ULCERATION, AND TWO CASES OF EXTERNAL PERINEAL URETHROTOMY WITHOUT A GUIDE.

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BY THOMAS R. BROWN, M. D., PROFESSOR OF CLINICAL AND OPERATIVE  
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The following notes, abbreviated as fully as possible, of three interesting urethral cases are submitted. No detailed statement in addition to the report is necessary.

One practical point suggests itself in connection with Case I, and that is, as to whether much of the damage could not have been prevented by having provided an easy and safe escape for the peri-urethral hemorrhage. To this hemorrhage I think, with a good show of reason, that the damage to scrotum, and the formation of the post-sacral abscess can be traced. It is almost as probable that the recto-urethral rupture, with its alarming symptoms, itself the immediate result of profuse interstitial bleeding, was caused by the effect of the suppurating bloody effusion upon the tissues of the numerous urethral vessels, in the bulb especially.

It seems to me equally true that as applied to Case II, a great deal of the injury inflicted by the fall upon the perineum was due to the changes which took place in the extravasated blood. I do not of course mean to ignore the fact of instant damage to the urethra usually not caused primarily by the body upon which the perineum strikes unless it be upon something sharp and pointed, as a paling-stick, but rather by its (the urethra) being driven with much force against the sharp and unyielding edge of the tri-angular ligament.

In the face of such facts I now recommend, in cases of free internal bleeding, that free incisions be made either on both sides of the perineal raphè or into the urethra itself, whichever the better accomplishes our object. There can be no danger worth speaking of

in resorting to this practice and I am certain that a great deal of danger can be avoided. Concerning the operation of external section its difficulties are great and can only be met by patience. I am prepared to fully agree with Van Buren, which I was not at first, in his statement that "a couple of hours of daylight" should always be allowed. As to the necessity of strapping the scrotum towards the abdomen to prevent urinary infiltration this can better be accomplished by holding it up at each urination. The scrotum in these cases is often painful and resents this pressure. If there be pus in the former it is desirable as it allows an easy drainage through the perineal wound.

CASE I. *Internal urethrotomy followed by extensive sloughing and suppuration.*—Mr. H., age 30; occupation, fruit packer; general health, with the exception of urethral troubles, is excellent; is of a compact physique, good muscular development and ruddy complexion. Three years ago had gonorrhœa; the urethral discharge after a time, becoming gleety, has continued up to the day (Jan. 17th, 1878,) he consulted me. Chemical and microscopic examination of the urine shows a number of shreds but neither albumen nor casts. The reaction and color both normal. Has had painful difficulty in making water, followed by dribbling and smarting, for over a year, the stream being usually small and twisted. The disposition to urinate is almost constant. Within the past two weeks has had two chills, ending in fever and sweat, in every respect similar to an illness which ensued upon the introduction of a gum catheter, by an irregular practitioner, some time before; at my first visit the patient preferred to be examined while under an anæsthetic at the time of operation.

*Operation* Jan. 20th, 1878. After Mr. H. had urinated, ether, to complete anæsthesia, was administered by Dr. Wm. Gombel. An unsuccessful effort to pass the urethra-meter was made, encountering an obstruction three inches from the meatus. Through this a filiform bougie was carried, to which a "Holt" was screwed, passed to bulb and the urethra gently stretched so as to permit the introduction of the urethra-meter. The first stricture was found just anterior to the bulb, and another three inches from the meatus, which latter measured 20 m. The closest stricture was

discovered at the bulbo-membranous junction, a No. 6 F. entering with difficulty, the bladder. A gum filiform bougie was passed into the bladder to this the Holt was again attached and opened sufficiently to allow the passage of the curved urethrotome of Otis. All of the strictures were successively divided, the instrument being withdrawn, as each stricture was divided, to the site of the next, the incision beginning just behind and ending just in front of each stricture. The meatus was divided with the meatome and a 34 F. steel sound passed into the bladder, the circumference of the penis being three and one-half inches called for an urethra not less than thirty-four millimetres. Free hemorrhage followed the operation and necessitated the retention of the sound.

The operation was tedious, because of the time consumed in worming the small instruments through the obstructions.

At eleven p. m., the sound was removed, having been in nine hours, effectually stopping the hemorrhage. Its removal was at once followed by bleeding, tho' not in such quantity as after the operation. The source of the bleeding seemed to be from near the lower stricture at the bulbo-membranous junction. Ice was freely applied to perineum, penis and scrotum and the penis tightly compressed by means of a bandage. Notwithstanding the distension of the bladder, there was only a small quantity of bloody urine passed with a number of coagula. The quinine grs. 10, and morphia gr.  $\frac{1}{4}$ , which had been directed were continued every four hours. As already stated by me in another place, I am by no means convinced of the reputed value of these remedies in averting certain untoward accidents. What my cases would have been without these remedies, I am not prepared to say, my chief justification for their use must be their reputation in wiser hands, a sort of preconception in their favour as anti-pyretics and a certainty that they can do no harm. Jan. 21st, twelve noon, patient has passed a bad night. The distension of bladder relieved itself at an early hour this morning the quantity passed, according to the attendant, amounting to one-half gallon. This was followed in a short time by a second copious micturition. T. 100 $\frac{1}{2}$  pulse 100; patient sweating profusely and feels exhausted; all treatment continued. 5 o'clock p. m., T. 102, pulse 120,

preceded by chill; still sweating, tongue furred, has passed no more urine since the morning, has no pain, nor bleeding, abdomen feels very soft and with the exception of the sense of prostration, the patient has no discomfort. Has taken since the operation quinine sulph. 5j. morph gr.i, ordered ten grains of the former and one quarter of a grain of the latter to be taken every two hours. Midnight; general condition of the patient bad, is drenched in sweat, has a weak and rapid pulse, indisposition to sleep and eat; ordered stimulants and nourishment, and a suspension of medicines for the present. Jan. 22nd, has slept scarcely any during the night, no return of rigors, pulse at noon 130, Temp. 103.06, at 8 p. m. pulse 110, Temp. in axilla 101, in mouth 103. Vomited beef tea and brandy, the probable result of the medicines; is still decidedly cinchonized; skin is not so moist, tongue furred; is unable to sleep and says he feels "very bad," complains of a sensitive spot over the right buttock extending as high as posterior superior iliac spine. During the day considerable ecchymosis and swelling of scrotum has appeared; there is besides a distinct swelling in the perineum chiefly confined to the centre, both of which are to be explained probably by the infiltration of blood. Urine passes without much difficulty, the secretion is tinged with blood, and small as the excessive sweating up to this time would lead us to expect. A large warm water enema produced a free operation from the bowels; has taken during the day 20 grains of quinine and morphia gr.  $\frac{1}{2}$ . All internal medicines are stopped and simple cold water dressings ordered for the night. General appearance of patient unpromising which is aggravated by his nervous and anxious temperament. Jan. 27th; since last note the general condition has very much improved under a liberal diet. No return of chills. Temp. 99.5; pulse 84 and good; tongue clean, patient sleeps about four hours during the night. Despite all these he suffers from his weakness and is much depressed in spirits. The swelling in perineum has decreased decidedly, and whilst the blush over swelling on right buttock has disappeared, it is still so very tender on pressure as to compel the patient to lie upon the opposite side. The scrotum presents the appearance of "inflammatory œdema." Two free

incisions on each side of the raphè and a number of punctures were made with the tenotome into the scrotum permitting the escape of much fluid which had not the odour of urine. The scrotum looks unsatisfactory. A copious eruption, resembling syphilitic erythema, has appeared on the back principally in the vicinity of the scapulæ, which the patient says that he has had before. There is no history of syphilis; the sweating continues, quinine and morphia repeated; the urine is voided without much trouble.

Jan. 28th, 3 p. m., pulse improved and general condition more encouraging. Jan. 29th; was called suddenly at 9 o'clock last evening to patient who began to suffer after my visit yesterday with intense vesical tenesmus, it appearing to be impossible to pass anything through the urethra. The straining became more and more violent and the suffering very great until finally after a vigorous effort to overcome the obstruction something was felt to give way and instantly blood was felt running from his anus. Immediately the tenesmus, and pain ceased. When seen by me he presented an anxious expression, a small and rapid pulse, a clammy and suggestive skin, great prostration and marked pallor, in short all those symptoms which usually follow in the wake of alarming hemorrhage. The hemorrhage through the anus had nearly ceased, but continued to flow from the urethra in small quantity. It had evidently been quite free—upon introducing the finger into the rectum its anterior wall was found to be completely riddled, the extensive laceration of the tissues, together with the numerous masses of adherent coagula all combined to make the amount of damage done very uncertain. The explanation of the symptoms was clearly in secondary hæmorrhage, occurring nine days after the operation into the membranous urethra and bladder, followed by a rupture of the former. A catheter was easily introduced into the bladder and a small quantity of bloody urine was withdrawn. Through the catheter the bladder was first washed out with simple warm water and then with carbolized water, until the fluid escaped nearly clear. About one half of the fluid introduced passed out through the anus. The patient was instructed how to pass the catheter, a black gum, and not to

ur'inate through the urethra. Stimulants and hot beef tea were freely ordered and when seen this morning he had revived considerably. Tho' the swelling and œdema of scrotum have subsided a significant black spot marked in my notes as large as our silver quarter, is seen on the left side.

February 2. Since the last memoranda, extensive sloughing of the scrotum has commenced. Through holes in the upper and lower parts of the left half, to which side the ecchymosis was mostly confined the next day succeeding the operation, large masses of rotten tissue, one measuring two inches in length, were extracted followed by the escape of considerable fluid of a brownish and most fetid character. Through these openings carbolized water was syringed until it escaped clear. On the 31st, the temperature was 103, and pulse 140. Notwithstanding the free use of dil. mur. acid, the sweating is colliquative and weakening. Patient continues to complain of the pain over right buttock and, when examined, a fluctuating swelling very slightly raised above the surface is seen. This was opened with a bistoury, and there escaped about a pint of laudable pus. With the cavity from which this pus came there was a direct communication of the rectum as both gas and pus escaped through the incision. On Feb. 1st, the abscess having been opened and emptied the sloughs of the scrotum detached, and the urine carefully withdrawn the patient passed his first really comfortable night since the operation. To-day his pulse rose to 120, and his temperature from normal to 100.8. coupled with the same peculiar sweat. Has had three regular movements of his bowels and a more or less constant involuntary fecal dejection, with admixture of pus. Inasmuch as the scrotum is beginning to assume a healthy appearance and there is only a small discharge from abscess over right buttock, the pyrexia must be referred to changes going on between urethra and rectum. The urine is still passed through the catheter and is only tinged with blood. Examination per rectum anteriorly shows a large doughy mass surrounding the urethra extending as far as the finger can reach. In the posterior wall there is nothing wrong. Fluids introduced into the bladder and allowed to escape, will still pass out of the rectum, tho' in smaller quantity.

Feb. 4th, A. M., Temperature last evening 103, and pulse 130, tongue very red and of glassy smoothness, much of his previous depression has returned, his physiognomy is not good. Patient had some hemorrhage from holes in scrotum yesterday and the day before succeeding my visit, has pain in belly which is distended and tympanitic, restlessness has come back, tho' he slept well during the night. Gave large soap and water enema with the effect of inducing very free movement. Digital examination of rectum previously made showed the lower bowel filled with large masses of fecal matter. The trickling of the light yellow fluid feces continues involuntarily. Discharge from posterior abscess and scrotum diminishing through both of which the carbolized injection is made. Into the former a tent is passed to prevent closure. Temperature 99.8, pulse good. Patient begins to take pleasure in his food which consists of beef tea, milk, soft, boiled eggs and a moderate use of stimulants in the way of brandy. Had another hemorrhage this afternoon, following the passage of catheter, the quantity being large enough to blanch the patient and to cause decided weakness. The source of the hemorrhage is evidently from the bulbo-membranous portion, the perineum being considerably swollen. Snow was applied to the perineum, over the scrotum and penis with the effect of controlling the bleeding. No note as to the sweating which must have ceased. Acid muriatic stopped, quinine and morphia in gr. 10 and gr.  $\frac{1}{4}$ , doses respectively twice a day directed.

Feb. 14th. Since the last note the only occurrence worthy of comment, was a recurrence of the hemorrhage, probably unprovoked, to the extent of one-half pint through the urethra, escaping at the meatus. Pulse has been invariably rapid, ranging from 100 to 120, indicating irritation, temperature from normal to 102 and 103, pus still flows from abscess behind of a healthy nature, urine is now perfectly clear, and is still passed through catheter, bowels moved properly, but the anus has usually shown some escape involuntarily. A slight contraction has taken place in the recto-urethral opening through which no urine passes; appetite excellent; sleeps well, and is entirely free from pain. Qui-

nine and morphia together with a liberal diet to be continued as before.

March 4th. Since last report the progress towards recovery, tho' slow has been decided; urine passes in good stream through the urethra, communication between the latter and bowel closed. Whilst the swelling in front of lower bowel is still there, the decrease is easily recognized. There is always a certain amount of matter mixed with the feces; a small nodule of fungous tissue is to be seen at the anus, which occasions irritation. Scrotum is healing satisfactorily; abscess over right buttock has ceased to discharge, and the incision has healed with a subsidence of all pain and tenderness to pressure. The oozing of feces through the anus is complained of as quite constant; upon examination the rectum was found to be loaded with feces, hard and lumpy, the bowel apparently being insensible to their presence, and incapable of discharging them. The accumulation of feces occupies a spacious pocket, made by the abscess in front. In the place of enema castor oil was administered, abdomen again distended and tympanitic, but permits deep pressure without pain, the subjective pain complained of is probably due to the meteorism. Tongue presents the striking glazed appearance; the expression is very good, and free from any anxiety; appetite is excellent, and is indulged without stint. Around the anus a slight blush is to be seen which fades and streaks upon pressure. Temp. in mouth is  $99^{\circ}.3$ , pulse varies from 130 to 140, probably due to the free suppuration still going on in the healing of recto-urethral abscess as well as to an accumulation of hardened feces in lower bowel.

May 15. A steady convalescence has taken place since the last notes. Patient is now out of bed, sits up a good part of the day and occasionally walks out, a very little exertion being sufficient to occasion fatigue. A careful inspection shows the post-sacral abscess to have healed entirely as is also the case with the scrotum which has made an astonishing recovery, and could scarcely be imagined as having been the seat of the destructive ulceration and sloughing above described. The abscess between the bowel and urethra is also found to be making a most satisfactory progress. A steel sound measuring 32 F. is easily passed into

bladder, encountering no resistance at any point, all of the urine, which is of a natural color, is passed *per viam naturalem*, which is succeeded by a sense of irritation just inside the meatus. The bowels are moved naturally.

June 7. Mr. H., attended the meeting of the Clinical Society and stated that he was perfectly well, having gained eight pounds over his weight prior to the operation. His urine is passed in a large stream and without a particle of pain. His bowels are moved without any assistance. There is no longer any discharge from the rectum. No examination of the rectum was made, but the presumption is reasonable from what was found on May 15th, together with present condition that the abscess has healed. This is the only case out of many of my internal urethrotomies where a grave result followed.

CASE 2.—EXTERNAL PERINEAL URETHROTOMY WITHOUT A GUIDE.—Robert H., æt. 32, occupation seaman, (1st mate) was admitted to the Hospital of the College of Physicians and Surgeons March 1st, 1878. His condition at the time is described in Hospital Register as "typhoidal." His pulse was small and rapid; temperature above 100° F., bowels alternating between constipation and colliquative diarrhœa. During the periods of constipation there was generally to be found in lower abdomen towards the left of median line a small and movable sensitive swelling which would disappear when bowels were moved. Only a small quantity of urine was passed through the urethra and this either in a very small stream or guttatim. The rest of his urine passed through a fistulous opening in the left buttock about one and-a-half inch from the anus. To the left of raphè in scrotum, there was to be seen another fistulous opening through which a frothy, offensive fluid of a pale character escaped, but no urine. The patient stated that he never has passed any of his water out of this latter opening. Upon this point he is probably in error. There was great emaciation, the patient almost reduced to a skeleton. He wore an expression of pain and uneasiness. There was a condition of hectic with such symptoms as denote extensive suppuration. Somewhere on March 8th (?) was called to see patient who was supposed by the House Physician to be in a dying condition, he at

the time suffering from obstinate singultus. His pulse was feeble and extremities chilled. The singultus disappeared with sleep, which followed the use of stimulants and hot beef tea, both given ad libitum. When the alarming symptoms subsided the previous tonic and anti-septic treatment of Iron, Cinchonidia and Salicylate of Soda was resumed with a plenty of nourishment. The manifest cause of all the trouble evidently being in the urethra, through which the smallest filiform could not at first pass, being intercepted at two inches from meatus, an operation was decided upon after my colleague, Prof. Lynch, had expressed the opinion that there was nothing in the state of heart and lungs to forbid prolonged anæsthesia. Operation April 2d, 1 p. m. Patient was placed in the lithotomy position, the knees being held flexed and ether administered. After patient maneuvering, a small steel instrument was passed through the anterior stricture, but was stopped about four inches from the meatus. Beyond this it would not go. This was entrusted to Dr. Tinsley, who rendered most valuable assistance in taking charge of it throughout this fatiguing operation. The perineum was shaved, and found to be indurated. A straight incision beginning just behind the scrotum, in the perineal raphe, of about one inch in length and a quarter in depth was made with the scalpel. The tissue through which the incision extended was, excepting the skin, entirely of the white, glistening variety, and almost bloodless. As suggested by Aveling, a long loop of silk was fastened to each half of the wound and entrusted to the assistant on the corresponding side. Upon these traction was evenly made and thus a fenestra secured, which relieved the operation of much of its difficulty. After a considerable time, without any material aid from the sound which could not be felt until the urethra was entered, the urethra was found lying to the left of the median line, to which side it had been drawn by the cicatricial tissue no doubt, which was unequally deposited on that side. A grooved director was passed through a small incision made into the urethra, and upon this the canal in front and behind was divided with a bistoury so as to admit the introduction of the catheter. The latter entered the bladder and there was at once discharged a large quantity of milky urine. After this, the ante-

rior strictures were divided to 32 F. by internal urethrotomy with Otis' urethrotome. The length of time consumed in the operation was about two hours. The condition of the patient, after the operation, was certainly as good as before. The amount of blood lost did not probably exceed two tablespoonfuls.

The subjoined notes, condensed and slightly corrected, are taken from the Hospital Register. Alternate dosings of Iron and Quinine, and Salicylate of Soda were ordered after the operation. April 2, 6 p. m., Temp. 100, Pulse 90, Resp. 22. April 3d, 1 a. m., passed urine for the first time after the operation almost all coming through urethra, 7 a. m. vomiting set in for which Acid Prussic gtt. iij. were ordered with relief; Temp. 102½, Pulse 96, Resp. 28; 8 p. m.; Temp. 101½, condition improved, sleeps well and relishes his food. Wound looks well. Nearly all of the urine passes through the perineum, scarcely any through the urethra, which latter is obstructed with a thick mixed material, apparently consisting of blood and pus. April 6, a. m., under ether with much difficulty, a catheter was passed into bladder. Iron and Muriatic Acid directed. April 7. Temp. 98½, a larger portion of the urine passes out of the meatus, penis much swollen probably due to the handling yesterday. April 15, wound looks healthy, and general condition of patient excellent. Since last entry nothing worthy of comment has occurred. Catheter has repeatedly been introduced, but owing to the *great* enlargement of prostate this introduction is difficult; most of the urine passes out of wound from which there is a more or less continuous flow of healthy pus evidently from fistule in scrotum and buttock. The urine can be made to escape through the urethra by forcing out the collections of blood and pus that completely block the passage in penile portion.

April 21st, Patient is doing well. Pulse and temperature normal, the quantity of urine which comes through the urethra, steadily increasing: there is still a considerable quantity passed out of perineal opening from which the discharge of pus above referred to continues. Wound healing.

April 27th. With the exception of abdominal distention the patient is doing well. For the relief of this which has given fre-

quent annoyance, the vaginal nozzle of the Davidson's syringe was passed up the rectum and a broad bandage was very tightly carried around the abdomen. It was interesting to note the free escape of offensive gas and the great relief it gave the patient. Most of the urine voided through penis. If there be any delay in urination when the desire comes there is considerable pain, and nearly all the secretion comes out at the perineum. After the catheter was introduced the temperature became slightly elevated.

May 4. Sound was passed into bladder without trouble.

May 25. Patient goes out daily; is gaining flesh and has a splendid appetite. The hectic has disappeared, and in the place a healthy expression has come. All of the urine is passing through the penis.

June 7th. Robert H. was shown to the members of the Clinical Society. With the exception of about one tablespoonful, the urine, which is normal in color, passes out of penis. All the fistulous openings have healed. The wound has nearly closed.

The following brief history as to origin of trouble was gotten as soon as condition of the patient would warrant.

In March 1874 while shortening sail at sea he was aloft and fell from the cross-trees across the top-sail yard, a distance of fourteen feet, lighting on his perineum. Pain in making water and hæmaturia followed. The ship put back to Halifax in consequence of his suffering and he was sent to hospital where a surgeon was compelled to draw off his water. During his hospital residence this was occasionally repeated. Whilst there there was much swelling of the thighs near the groin and of the scrotum. In the latter the fistulous opening occurred. Tho' the stream was small and the pain continued, he recovered his health sufficiently to ship again. He went to Messina and there suffered from an attack of dysentery in December 1876. It was then the fistule in buttock appeared through which nearly all of his urine passed as cited. From this time forward his general health declined steadily and after treatment by a local physician in Baltimore, he was admitted to the hospital in the much broken down state already mentioned.

CASE 3. EXTERNAL PERINEAL URETHROTOMY WITHOUT A GUIDE.

—Mr. L. E., age 53; admitted to the Church Home and Infirm-

ary, December 21st, 1877, with erysipelas of the scrotum, and the following history :

Aged 53 years, occupation a fisherman, contracted gonorrhœa when 28 years of age, which in five years was succeeded by some difficulty in passing water and a small stream ; pain in the perineum, and for a few months prior to admission there was dribbling after urination. In addition he urinated with great frequency day and night, about 10 or 12 times after going to bed. Whenever he "took cold" there would be complete retention producing great suffering. In the autumn of 1877, while fishing in one of our Eastern Shore rivers, he had another attack of retention and commenced to have "chills" which occurred generally during the night, repeated often three or four times in one night. At this time after his urination there was a "thick, ropy" material discharged, associated with considerable swelling of the penis. He described his feelings at this period as suggesting a "gathering inside" of him.

Under expectant treatment his erysipelas subsided, and one month after he entered hospital the urine (one half) passed out of a fistulous opening on the left side of scrotum. When my service began (April 1, 1878,) he seemed to be well with the exception of his urethral trouble.

An examination of the urethra showed it impassable to the smallest instruments, being first obstructed at a point about two and-one-half inches from the meatus. On April 15th, a similar operation was performed to that described in Case II, a combined internal and external section. The hemorrhage in this case was very free. The operation consumed about two hours, only a small part of this time being occupied with the hunt for the urethra, which was more accessible because of the absence of the dense mass of cicatricial tissue found in the preceding case. A severe chill and fever came right after the operation, notwithstanding the free use of quinine and morphia. All of his urine was voided through the perineum.

The following notes have been kindly furnished by Dr. Gavin, House Physician :

April 16th 8 a. m., Temp.  $100\frac{3}{5}$ , quinine and brandy ordered.

Chill at 10.30. 3 p. m. ; beef tea and stimulants directed, and salicylic acid gr. xv, every four hours. Temp.  $99^{\frac{2}{5}}$ . 9 p. m. ; Temp. 99, pulse 102 ; some urine passes through penis. April 17, 8 a. m. ; Temp. 97. Erysipelas has invaded the scrotum and the perineum accompanied with great swelling. 12.30 p. m., had a violent chill which lasted three-quarters of an hour. Temp.  $89^{\frac{4}{5}}$  ; liberal doses of iron and cinchonidia internally, and large flaxseed meal poultices to seat of erysipelas. 3 p. m. ; Temp.  $99^{\frac{4}{5}}$ . 6 p. m. ; Temp.  $103^{\frac{2}{5}}$ . 9.30 p. m. ; Temp.  $104^{\frac{2}{5}}$ , pulse 140. Midnight, Temp.  $103^{\frac{2}{5}}$ , pulse 148 : one-quarter of urine passes naturally. No instrumentation since the day of operation. April 18, Temp. 98.6, pulse 120, nausea and singultus appeared. About one-third of the urine passes out of penis. April 22. The most distressing hic-cough which I have ever witnessed which continued off and on for four days has ceased ; all the known remedies were used but with no benefit that could be detected. It appeared to cease of itself. On the 20th, deep incisions were made into each half of the œdematous scrotum which bled freely. The parts are much improved, both inflammation and swelling having declined. The most of the urine is discharged properly. April 25. Patient progressing satisfactorily. An unsuccessful attempt to pass the catheter was made ; the instrument appearing to be caught in the rough passage near the perineal slit. This was followed by the usual chill.

After a rest of two weeks, the tonics constituting the only treatment, a catheter with a long prostatic curve was passed with perfect ease into the bladder and a quantity of health urine withdrawn. This was repeated from time to time with the same facility, and the usual chill and pyrexia.

On June 7th, the patient was exhibited and the case reported at the Clinical Society. The prostatic catheter was introduced in the presence of its members into the bladder with ease. The perineal wound has healed very nicely and the patient's urine is voided as it should be. The fistule of the scrotum has closed and has left nothing but a cicatrized spot to mark its original site.

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## THE APPLICATION OF REMEDIES TO DISEASE, AND THEIR IMPROVED MODES OF ADMINISTRATION.

BY WILLIAM A. GREENE, M. D., MACON, GA.

There are perhaps few branches of medical science which are surrounded with so many difficulties, and on which so much has been written and so little, comparatively, accomplished—as the investigation of the ultimate causes of disease and their *correct* and *satisfactory* therapeutics. The subject offers a wide field for investigation and study. I propose, in this paper, to briefly suggest a few scattering thoughts, concerning the application of remedies in the treatment of diseases, and their improved modes of administration.

In nothing is the practice of medicine of the present day, so different from that of all former periods with which I am acquainted, as in its utilitarian tendencies, and in its requirement of practical demonstration; and this tendency has been gradually advancing in proportion as it has demonstrated the superiority of a foundation established on fact, to one resting merely on theory or hypothesis. We cannot expect to combat successfully the ravages of disease at all times, for the science is too little advanced in the details of all its branches to furnish us with a sure and unerring light to guide us in the mysterious paths of therapeutics. Nor can we expect such a result will ever be obtained. It is a simple absurdity to suppose the physician can avert death from a mortal being. Such *boasting* is fit only for a Paracelsus, who died with his "*elixir vitæ*" in his pocket, a monument of folly. But the skilfull physician can postpone the event of dissolution, and cut short in their beginning those series of morbid actions and changes, which, if continued, would terminate in death—or often to soothe the passage of the sufferer to the grave. These are the great ends we propose to accomplish, and the decreasing mortality of many diseases, and the increasing duration of human life, testify to the advancement of scientific or rational medicine.

It is only of recent years that Chemistry and Pharmacy have received from the teachers in our medical schools the important consideration they demand—and even yet, are far from being properly appreciated. Experimental chemistry must be our Œdipus in the solution of the many problems which arise in the investigation of the modern treatment of diseases. We are often astonished at the cases of spontaneous recoveries from disease which come under our observation, and those in which “nature” accomplishes a cure in spite of the remedies—upon which quacks have risen into fame and wealth—yet we are attracted by the striking instances of the application of chemical knowledge to the treatment of diseases—especially those of the *chylopoietic* viscera, and many of the primary and secondary disturbances in *indigestion*—and how easily they are controlled in a manner perfectly in accordance with chemical facts; as the uses of the alkalis in acidity, of pepsine to expedite the process of digestion, of the hyposulphites to prevent fermentation with evolution of gas; to say nothing of pancreatin, the extract of malt—and the adaptation of food to the utility and condition of the digestive processes, or of the employment of exercise to promote the consumption of oxygen and consequent evacuation of foreign matter, and of the hygienic measures; these are all striking examples of the advance made by rational medicine beyond the range of empiricism. Were these subjects more investigated, and better understood, the *public* would never turn *Homœopathic*, to avoid being drenched *usque ad nauseam*, and patients would soon understand that the *advice* of a physician is often of more value than his *medicine*.

Hence I greeted and accepted, with pleasure and delight, the *granules* of morphine, strychnine, arsenious acid, and other powerful remedies, which are prescribed and used in minute doses as conceived and first put into execution by Wm. H. Schieffelin & Co of New York, and known in the pharmaceutical profession as “*Soluble Granules*.” It is a valuable advantage to physicians to have these medicines put in this acceptable form. Since this firm enjoys an exceptionally high reputation for the purity of their drugs and skill of their compounds, I have felt no hesitancy in

prescribing their "soluble pills" and *granules* with perfect confidence. And further, I made a thorough analytical examination of them and found them of scrupulously accurate weight, perfect uniformity of size, pure materials and in strict accordance with the formulas prescribed in the United States Pharmacopœia. I was peculiarly struck with the *facetious*, but "well timed" remarks of the editor of the Richmond and Louisville *Medical Journal*, in a recent editorial calling attention to *parvules* and *granules* when he said—"this device will it is supposed, render medicines less obnoxious to sensitive patients, and allow the practitioner to successfully compete with his neighbor of *microscopic* confections. \* \* \* Meanwhile the homœpaths by using them, may render themselves and their practice *more popular* than ever."

Every intelligent and observing physician hails with pleasure the passing away of "long-winded" and complex prescriptions, and the ancient nauseous doses of physic with which our fathers in medicine drenched their suffering sick, and which has been so fruitful a source for building up our Homœopathic doctors. Our faithful allies and co-workers, the manufacturing chemists and pharmacists, by their skill and industry, now offer us our remedies in convenient, palatable and efficient form, thus, vastly lessening our own labor at the bed-side and promoting the comfort of the patient and abating the horrors and disgust of the sick-room. I would earnestly admonish my professional brethren to keep abreast with improved and elegant pharmacy, which in the last decade has accomplished more in their department, than in all past time. A correct knowledge of the *modus operandi* of our remedies should also receive their full share of attention, once so neglected; our practice having been too much a *routinism*, or the use of *popular formulæ*. This knowledge is similar to the acquaintance with the re-agents of the chemist, and the more they are properly understood and comprehended, the less shall we be guilty of "pouring medicines of which we know little, into a body of which we know less."



## TRANSLATIONS.

ACTIVITY OF THE OVARIAN FUNCTION, WITH TOTAL ABSENCE OF MENSTRUATION.—By Siredey and De Sinèty. (*Annales de Gynecologie.*)

—The authors publish two new cases, which add to the numerous observations already made, showing the independence of the uterus and the ovaries relative to their development and their physiological function.

In the first case, a woman succumbed at the age of 38 to the progress of pulmonary consumption. From the age of 12 she had each month lumbar pains, headache, and leucorrhœa, but never a flow of menstrual blood. At the autopsy the uterus was found to be much enlarged, and presented a chronic inflammation at the same time. But the interesting feature of this case is the fact the ovaries offered the signs of their normal activity; numerous cicatrices of different monthly periods, also natural follicles, some containing ovules. Therefore in this case ovulation was performed without menstruation.

The second case was that of a woman 25 years old, who had never been regular—at the end of each month she had lumbar and hypogastric pains, sometimes headache, and even nausea, vomiting and diarrhœa. By direct examination the uterine sound could be introduced but a short distance. An ulceration of the neck existed also. In both cases inflammation was present, which was probably the cause of the non-performance of menstruation.

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PARASITES IN THE LUNGS OF VARIOLOUS PATIENTS.—By N. Ivanowsky, (*Centralblatt für med. Wissenschaft.*)—Among 14 autopsies of small-pox patients made during the past three years, the author found little vomicæ about the size of a pea, occupying principally the inferior lobes. In the centre of the exudation, with which these cavities were filled, very minute globules were found, which were best seen after treating the morbid mass with acetic acid. The spherical bodies themselves were indifferent to all re-agents except iodine, which colored them dark red or blue. These the author regards as accumulations from low vegetations; colonies of micrococcus identical with those that Cohn, Hallier, Klebs and Weigers have found in lymph skin and viscera of small-pox patients. The lesion present is due to the reaction of the pulmonary tissue on the parasites. Its presence in the alveolus

and not in the tissue proper, would lead one to suspect infection through the channels of respiration.

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SYNCOPE OF TRAUMATIC ORIGIN.—By F. J. Engel, (*These de Paris.*)—Syncope is a phenomenon characterized physiologically by the slowing or sudden arrest of the heart's action. There is diminution and sometimes interruption of the respiratory movements, general collapse and insensibility. But this phenomenon may have various causes; and syncope of a traumatic origin may be divided into two classes: those depending upon the circulation, and those depending upon the nervous system. The first class are:

A.—In syncope by hæmorrhage the brain does not receive its ordinary supply of blood. There then exists cerebral anæmia, which causes fainting.

B.—In syncope by derivation of the blood the same phenomenon exists, produced by the localization of blood in some other part of the body, as in tapping for ascites.

C.—In syncope by some obstacle opposed to the contraction of the heart as when air is present in the right ventricle, the brain does not receive its nourishment for mechanical reasons.

The second class are: A.—Syncope resulting from traumatism exerted on the nervous centres.

B.—Syncope by traumatism of the masses of peripheral nerves.

C.—Syncope by traumatism to the ends of nerves of sensation.

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INFLUENCE OF LOW TEMPERATURES ON BACTERIA.—By Frisch, (*Sitzung der k. Acad. in Wien.*)—Frisch subjected liquid containing bacteria for several hours to a very low temperature such as that produced by solid carbonic acid. It appears that this enormous lowering of temperature produces no effect on the vitality nor on the ulterior development of the coccus, or bacteria. It is possible however that bacteria, subjected first to a very low and then to a very high temperature, undergo some alterations. Schumacher seems to have proven this by his experiments. However, this may be, very low temperature does not kill bacteria, and freezing does not eliminate the organized ferments.

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EXPERIMENTS ON THE PULSATION OF THE BRAIN.—By Oudin, (*Revue mensuelle de med. et de chirurg.*)—A man, wishing to commit

suicide, lifted off the vault of his cranium by a pistol shot, but without gratification to his original desire. By means of a glass tube, in which a column of liquid oscillated freely, M. Oudin studied the pulsations of the brain. His observations proved that the pulsations of the brain isochronous with those of the heart and that the cerebral oscillations are also influenced by the respiration. The column of liquid is elevated during forced respiration and falls during normal respiration. All these oscillations are diminished by chloralization. The author gives it as his opinion that respiration causes a rise and fall of cerebral tissue because it compresses the venous sinuses of the body at large.

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PHYSIOLOGICAL EFFECTS OF SULPHURIC ETHER AND ITS SUBCUTANEOUS USE.—By Miss Zénaïde Ocownkoff, (*These de Paris.*)—Miss Ocownkoff studied experimentally the effects of hypodermic injections of ether in the cellular tissue of animals. Very seldom local sores are produced. In animals having lost blood the injections of ether augmented the temperature, increased the circulation and aroused the animals from their condition of torpor.

It appears from a *rèsumè* of her investigations, that injections of ether exert a happy influence upon cases of grave depression.

J. D. FISKE, M. D.



## RECENT PROGRESS IN DISEASES OF CHILDREN.

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BY B. F. LEONARD, M. D., FIRST CLINICAL ASSISTANT AT MARYLAND WOMAN'S HOSPITAL.

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TREATMENT OF CHRONIC AURAL DISCHARGES, (Prof. J. J. Chisolm, *N. C. Med. Journal*, May 1878.)—The younger practitioners are probably alive to the importance of treating chronic aural discharges; it is quite difficult to persuade parents to have their children treated because the "old women" have become impressed with the idea that it is dangerous to check the discharge—or the child will outgrow it. Physicians themselves are to blame for these false ideas for they usually ignore the treatment and speak slightly of the subject. The treatment of chronic otorrhœa is difficult—an unmethodical syringing of the ears does no good.

We must recall the fact that the hearing apparatus has three divisions: the external ear and meatus from the drum head out is covered with skin, and is therefore liable to diseases which affect the skin; the middle ear (including the mastoid cells,) is a diverticulum from the throat, and is lined with mucous membrane; the labarynthine cavities are closed serous sacs;—of these the mucous tract is by far the most prone to take on suppurative inflammation.

There are three widely different pathological conditions known as otorrhœa. The first is an acute form accompanied by severe pain, some external swelling, a stuffed sensation in the ear and loss of hearing. After more or less suffering there is a discharge of matter from the ear, the symptoms subside, hearing is restored and the patient is well. This is a furuncle (like a boil on the skin,) or a circumscribed abscess in the lining of the external meatus,—it runs a rapid course. They are prone to recur in disturbed health. Attention to the general health, hot soothing fomentations and free scarifications cause a speedy cure.

A second condition is *Otitis Externa*—a discharge watery, then purulent, occurs from the dermic surface of the external ear with much swelling of the dermic lining. When the periosteum is involved, abscesses (with or without necrosis of the bony wall,) may form with fistulous openings both in and behind the ear. Cleansing and soothing local applications should be used, and the general health should be improved.

If an aural discharge is of long continuance, we usually have to do with *otitis media*; generally a history of acute aural catarrh of the drum cavity, usually called an earache, can be traced. The inflammation usually extends from the throat, the eustachian tube is closed by the swelling, and the drum cavity becomes a shut sac, which is soon filled with the products of inflammation. Then commences the severe suffering of internal distention and nerve pressure on promontory and drum head. Finally rupture through the tympanic membrane occurs by ulceration, with subsidence of the symptoms on the appearance of the discharge. The rupture, with its relief of the mucous congestion, may permit the drum head to resume the normal conditions, including the closure of the opening. Or there may result a long-continued fetid discharge with deficient hearing. The diagnosis is to be made with the speculum in a good light; or, failing this, forcible blowing of the nose will make the air in the ear whistle. The discharge, however copious, is a secretion from the diseased mucous

membrane of the drum cavity. At first it is bland and innocuous, but if retained it decomposes and promotes the further formation of matter.

The advice of the family physician is often identical with that of the aurist, but the success of the aurist is due to attention to details of the treatment; he sees that the proper ear syringe (a simple rubber bag is best,) is procured, and shows the patient how to use it. Then he passes in a bit of cotton on the end of a match, to see that it brings out with it no stain or odor; then the astringent drops are applied, and will do their work—"a clean ear must be the foundation of any treatment intended to arrest chronic discharge." Cleanliness alone will cure many cases. After cleansing the following prescription is of general utility:  $\mathcal{R}$ . zinci sulph. grs. iii, carbolic acid grs. iii, water  $\mathfrak{z}$  i. If the discharge does not yield to this application, then use any one of the astringent mineral salts; in rebellious cases nitrate of silver as much as 480 grs. ad.  $\mathfrak{z}$  i has proved effective. Dr. C. has used salicylic acid with marked good effects, ( $\mathcal{R}$ . oxide zinc 3 parts, salicylic acid 1 part); but latterly he has substituted alum (Dr. W. J. McDowell's formula, 10 grs. lycopodium to alum  $\mathfrak{z}$  i, to prevent caking). First thoroughly cleanse the ear, swab it dry by cotton on end of a match, and puff the powdered alum into the ear, completely filling the drum cavity. This is to be washed out and alum reappplied daily, though if caking takes place it may be left some days and then syringed out as a foreign body. Dr. C. now considers chronic aural discharges entirely tractable to insufflation by alum, and the method is liable to no abuse.

[In this connection it may be well to state that Prof. Friedenwald's method of instilling atropia (4 grs. to  $\mathfrak{z}$  i.) into the ear gives complete relief to earache, except possibly when the meatus is entirely blocked up by furuncular swelling. L.]

INFANTILE DIARRHŒA OF SUMMER:—(Dr. J. Lewis Smith, Med. Record, May 25, 1878.) The two main causes are atmospheric and dietetic: of the former, hot weather is not the chief cause, but the free exhalations arising from decomposition of animal and vegetable matter during the heated term is the most important. There can be no doubt (he has records of over eighty autopsies,) that it is essentially an inflammatory disease, especially after it has continued some time; at first there may be no evidence of inflammatory action, but at the end of a week inflammatory intestinal lesions are well marked especially in the colon. Ordinarily the stomach is quite pale though sometimes

hyperæmic, and presents no indications of gastritis; yet vomiting is a very frequent symptom. The duodenum is usually healthy, but on entering the jejunum we find vascular streaks and patches; these are still more marked in the ileum. The ileo-cæcal valve is frequently the seat of severe inflammation; sometimes it is materially thickened. In the large intestine the lesions are yet more prominent, the entire mucous membrane is apt to be vascular and tumefied, the sigmoid flexure is usually most profoundly affected, from the irritation set up by the food which remains longer in contact with it. Along the whole large intestine, the solitary glands or follicles stand out prominently. In more protracted cases ulcerations are observed, more marked in the descending colon. the inflammatory action beginning in the follicles. There are certain complications, as progressive general emaciation, in which wasting of the brain participates, leading in time to what Marshall Hall called spurious hydrocephalus, which is seldom met with except associated with summer diarrhœa. It is noted by the drowsiness of the child, rolling the head about. and diagnosed from meningitis by depression of the anterior fontanelle. The passive congestion causes enough transudation to make up for the wasting of the brain. Another complication is the hypostatic congestion of the posterior portions of the lungs from feebleness of the heart and dorsal decubitus. This doubtless gives rise to the hacking cough, and is apt to be followed by hypostatic pneumonia. The symptoms are familiar to all. The mother is apt to attribute the looseness of the bowels to dentition. but Dr. Smith believes this has little to do with it, the younger the child the more apt it is to be attacked, the diarrhœa is more likely to happen before dentition than after it has commenced.

The vomiting, when it is the initial symptom, is to be attributed to some indigestible article of food. Ordinarily the vomiting only sets in after a gradually increasing diarrhœa of one or two weeks. Cholera Infantum is the severe form of this disease; it is simply an aggravated inflammatory form of entero-colitis. The temperature may range from  $105^{\circ}$  to  $107^{\circ}$ , though to feel the child's skin one would not think much fever present. The stools vary from yellowish to brown and green. Formerly, the liver was supposed to be at fault and calomel was given freely, but for years Dr. S. has not given any calomel in such cases. The green color is due to acidity. The kidneys are more apt to be affected than the liver and the persistent vomiting is probably rather due to uræmia.

As to treatment he believed there are but very few remedies from

which it is necessary to select, he scarcely ever employs more than two, opium and bismuth, before the hydrocephaloid stage. The use of large doses of bismuth is of recent origin and is followed by the best results; in ordinary cases he gives it in doses of 10-12 grs., combined with compound powder of chalk with opium (1 gr. of opium in 40), or else with Dover's powder. But for general use it is perhaps given in suspension as,  $\mathcal{R}$ . tinc. opii deorat gtt. xvj, bism. subnit.  $\mathfrak{z}$  ij., syr.  $\mathfrak{z}$  ss, aquæ  $\mathfrak{z}$  iiss,  $\mathcal{M}$ . Dose, a teaspoonful for child of one year. Such a combination is retained in the stomach and is both antiseptic and astringent. No preparatory treatment is necessary unless some irritating article of food has been taken, but this has usually long since been gotten rid of when the physician is called. Nearly all cases need stimulus; brandy is best, three drops for every month of the child's age, (if under one year) every two or three hours. When the hydrocephaloid stage is reached, withdraw the opium or give it very cautiously, but continue the bismuth. We must now depend on tonics and astringents; the best is liq. ferri nitratis.  $\mathcal{R}$ . tinc. columbæ  $\mathfrak{z}$  ij, liq. ferri nitratis gtt. xvij, syrupi.  $\mathfrak{z}$  ij,  $\mathcal{M}$ . Dose  $\mathfrak{z}$  j, giving the stimulus as before. Finally the diet is of the utmost importance. If the child is under one year old, send it to the country or get a wet-nurse, as no artificial food is reliable. If these are impossible, procure the best cow's milk, let it stand some time and then use only the upper third, thus getting most of the sugar and the butter, the casein settling to the bottom. As to farinaceous preparations for children under six months, Dr. S. prefers Mellin's Liebig's Food (endorsed by Eustace Smith & Tanner). Its taste is quite sweet from the dextrine and glucose which it contains, though it is quite free from starch. When added to cow's milk it makes the best substitute for mother's milk. After six months, he prefers Ridge's Food (highly recommended by Steiner, of Germany). Nestle's Food is laxative and does not answer in this disease, but is of great service in habitual constipation of infants.

TRACHEOTOMY IN FRANCE.—In the Hospital St. Eugenie, of Paris, 2,312 operations of tracheotomy were performed during twenty years with 509 recoveries. In the hospital for sick children in Paris, 2,351 patients were operated on in twenty-five years, with 614 recoveries. In all the hospitals of France, collectively, the average recoveries are thirty per cent.

THE DIAGNOSIS AND TREATMENT OF DIPHTHERIA.—(*N. Y. Med. Rec.*, April 13th, 1878.) This subject was discussed by the New

York Academy of Medicine in March. Until 1857, there was no such disease as diphtheria recognized in New York. This is an argument for its difference from croup, which is observed in regions where diphtheria is entirely unknown. If a practitioner reports more than four or five cases of membranous croup, it is questionable whether they are not really cases of diphtheria. There is great confusion in the mind of some practitioners as to the diagnosis between diphtheria and follicular tonsillitis. In the latter the patches covered portions of the tonsils, but the margins differed from those in diphtheria in which they were red and angry looking. In follicular tonsillitis the patches disappeared rapidly leaving little excavations which are characteristic of this affection and are seen in no other—thus the diagnosis is made perfectly clear by waiting a day or two. A definite decision in a given case often requires a good deal of practice; experience is the only safe guide. In diphtheria the membranes are definite. A mild case with scarcely any pseudo-membranes in the fauces and slight catarrhal symptoms, may be accompanied with the most violent nephritis with total suppression of urine. It is exceedingly common for diphtheria to attack the kidneys. Extensive paralysis also followed the slightest cases, even in children who had non-pseudo-membranes, but where other members of the family had ordinary diphtheria. In another class of cases the local symptoms are most violent, with very high temperature. Death occurred rapidly (40–60 hours from the attack,) from gangrene; the throat lesions being confined to one side of the throat were not sufficient to cause asphyxia by venous obstruction, but cause septicæmia. There are two distinct forms, idiopathic and secondary. The latter might occur wherever there was any inflammatory condition of the mucous membranes and not infrequently supervened on scarlatina, pertussis and typhoid fever.

Dr. Smith thought that follicular pharyngitis was more apt to become diphtheritic, but not so much so as the scarlatinal variety. almost any form of angina may become diphtheritic under certain circumstances. In ordinary croup, the exudation does not penetrate the mucous membrane while it does in diphtheria, on both the exudation was fibrinous with epithelial cells in its meshes, and he does not believe it possible to make a differential diagnosis between them at the bedside.

We have had a number of *specifics* offered us in the last two or three years, but alcohol has more specific properties than anything else in Dr. S's opinion. He differs from Oertel's view; he regards primarily a general disease propagated by means of germs in the in-

spired air, so it is as useless to look for a specific in this as it is for scarlatina or any idiopathic disease. He administers a teaspoonful of brandy every half hour or hour to a child under two years. There is a marked tolerance of alcohol in this disease, at the same time he uses iron and quinine, but we should abandon all forms of local treatment, which can only cause irritation and increase the area of exudation. The disease cannot be aborted. If the case is crepous steam inhalations are of the greatest service.

Dr. Billington thought that most of the cases of croup occurring at the present time were diphtheritic. When he suspects the exudation is hidden behind the tonsils and soft palate, he syringes with tepid water and salt, which is not irritating, often bringing away considerable quantities of membrane. The urine should always be frequently examined although normal in appearance; diphtheritic nephritis is much more grave than scarlatinal nephritis. Dr. Chapman's idea was that the value of alcohol was in preventing this and other complications. Dr. Randall has the best results with chlorate of potash and glycerine, giving brandy punch freely.

Prof. Arnold (*Proceedings Balto. Med. and Surgical Society*), relies almost entirely on a saturated sol. of potass. chlorate given frequently in large doses; he thinks local treatment unreliable and useless.

TRACHEOTOMY IN DIPHTHERIA AND CROUP.—Dr. E. W. Lee, (*Chicago Med. Jour. and Exam.* May '78,) reports seven cases of tracheotomy with two recoveries. The operations, with one exception, were done for the relief of dyspnoea and threatened asphyxia. In the cases of diphtheria all died, but there was marked improvement in all, except in one case, after the operation. In one case of membranous croup the operation was done early and the child recovered. He advises resort to operation earlier than usual though he would operate even in desperate cases. Vomiting a child twenty-four hours previous to operation is a poor preparation. After the operation all cases require constant watching, and the steady use of stimulants.

INDICATIONS FOR TRACHEOTOMY IN DIPHTHERIA.—Dr. W. F. McNutt. (*London Lancet*, May '78,) thinks that Dr. Jacobi's rule—imminent suffocation—is not sufficient. His conclusion from a severe recent epidemic was, operate only when the diphtheritis is above where the opening is to be made. Operating in cases where the diphtheritis begins in the lesser bronchi, threatening suffocation and death without reaching as high as the larynx, brings tracheotomy in disrepute both with physicians and parents.

## REPORTS OF SOCIETIES.

MEETING OF ACADEMY OF MEDICINE, MAY 21ST, 1878.

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Dr. McSherry, introduced the subject of vaccination, by remarking that he had some bad sores from the use of the bovine virus obtained from the state vaccine physician.

Dr. Chew had used the quill-slips from the same source without any ill effects ; the action however, was rather more intense than that which follows the use of humanized virus.

Dr. H. M. Wilson had used the same with no ill effects.

Dr. Taneyhill had used them also with satisfactory results, nine out of ten having taken ; one of his cases had a bad suppurating arm, due, however, he thought to exposure.

Dr. McSherry referring to the alleged production of scrofula by vaccination, said that where the disease is latent and inherited, vaccination may cause its developement, but not *de novo*. He related the following case to prove that the fault is in many instances in the system and not in the virus itself: He vaccinated a gentleman and his wife at the same time and with the same matter ; the former was a prosperous merchant who had been a regular drinker for twenty years. In one week his arm was very much swollen with deep phlegmonous erysipelas, and caused much anxiety ; the wife's arm went thro' the usual course without variation.

Dr. Conrad spoke of the difference in the incubative and maturative stages of vaccinia in different individuals. The period from vaccination to the formation of the hard areola varies from nine to twelve days. Two negro sailors were vaccinated by Dr. Lewis, at the Baltimore Infirmary, at the same time and with the same matter ; they were afterwards received at the Marine Hospital, papules of small-pox just appearing. In one the hard areola formed on the ninth day, in the other it never formed ; the latter had a violent case of confluent small-pox. Another case was that of a man taken off a vessel upon which there was small-pox ; he was vaccinated in one arm with German lymph and in the other with virus obtained from Dr. McKew. Ten days after the exposure he was attacked with a mild varioloid. In no case has any modification of small-pox been observed where the vaccination was performed later than nine days previous to the outbreak.

A lady from Virginia was vaccinated in both arms with German lymph; in just ten days she was taken sick with varioloid. Many similar cases show the incubative stage to be nine to twelve days. In some cases *injections* of German lymph were made use of, but were always followed by more or less sloughing,—with reference to the question of multiple vaccinations, Dr. C., remarked that he regarded them as necessary; single vaccinations are not protective for life, since those who have been once vaccinated will in time be found susceptible of vaccinia again. Germans exhibit many marks, three, six or nine often. Their systems lose the protection much sooner than those of Americans. He had never seen a negro with *one* good mark have variola, whilst he has witnessed many cases in Germans.

Dr. H. M. Wilson related the case of a boy five years old, whom he vaccinated during an epidemic of small-pox. Two days after the disease appeared; in five days the vaccine vesicle also appeared, but had no modifying effect at all upon the small-pox.

Dr. McKew explained the susceptibility of Germans to small-pox, by their custom of using humanized virus, which is so far removed from the cow as to confer but little protection. There is no danger of the occurrence of variola where bovine virus has been used in the vaccination, even with but one insertion.

Dr. McSherry thought Dr. McKew's explanation hardly satisfactory, since bovine vaccination has been so recently introduced in this country, and the vaccinations with humanized virus have generally given abundant protection.

Dr. McKew said the period of incubation in vaccinia varies; sometimes the scab falling off in fourteen days, again not until the twenty-first day. A child was vaccinated; no effect being apparent on the ninth day, the vaccination was repeated. On the fifteenth day a vesicle was apparent at the seat of the first vaccination, whilst the second was not followed by any result.

Dr. Williams regards the vaccination as spurious when the scab falls off in fourteen days. The physician should visit the child and examine for himself, not trust the statement of the mother. The vaccinia resulting from bovine matter is slow in development compared with that from humanized virus; in the latter case the scab falls off about the twenty-first day, in the former hardly so early. \*Susceptibility of individuals to vaccinia varies much. Where vaccination

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\*No vaccination is perfect, unless it runs through all the stages of a small-pox vesicle.

is well done, protection is as perfect as when variola itself has occurred. A nurse had variola, with the eruption fairly out; the nursing was vaccinated and escaped. In his own case there had been no vaccination since childhood, although frequent trials had been made; yet his system is perfectly protected, as shown by often repeated exposures in the Vienna hospitals. When in a child vaccination with bovine virus, there is no effect visible on the fifth day, he is not surprised, but calls again at a later day confidently expecting to find vaccinia developed. Bovine vaccination is four days later in reaching its developement, than humanized. A case was mentioned of a child in which, nineteen trials were made before vaccinia was produced. During the prevalence of small-pox revaccination should be practiced to give those not protected a chance.

Dr. Uhler exhibited apparatus and described several methods of estimating the quantity of urea present in any given specimen of urine. By one and the simplest method he proposed to weigh upon an ordinary druggist's scales the nitrogen arising from the chemical decomposition of the urea; by another to measure in a graduated U. tube the amount of the same gas.

Dr. McKew said that the apparatus invented by West & Russel, for the same purpose is so exceedingly simply and accurate as to leave nothing to be desired; he had never found by it a variation of more than one-tenth of one per cent. The only disadvantage about the instrument is that it cannot be procured in this country. The proportion of urea varies so much in different individuals and in the same individual in health that one determination is useless for diagnostic or prognostic purposes; moreover it is now known that it is not urea alone which causes uræmia, and the determination of the quantity of this does not give us the information we need in connection with the disease.

Dr. McKew related the following case: A girl two years old was supposed to be suffering with stone in the bladder. Dr. Alan Smith, being called in consultation, chloroform was administered and a *male* sound passed into the bladder. On lowering the handle of the sound the distal extremity was felt at the umbilicus, through the abdominal walls. No stone was discovered; the urine was normal, but never more than six ounces were passed at a time and it was sometimes retained for twenty-four hours. The patient suffered from frequent and severe pains between the pubis and umbilicus, which prevented sleep. Bromide of potash, and opium (gr. one-quarter every three

hours,) were administered without relief. As he could give no satisfactory explanation of the case, the parents transferred it to another physician, who pronounced it *disease of the kidneys*.

Dr. Conrad referred to the case of a lady who habitually passes her urine through the open umbilicus over which she wears a pad. He does not know whether *all* the urine is so passed or not.

CASES REPORTED AT MEETING HELD JUNE 4th, 1878.

Dr. Ward reported the following case :

Mrs. A., primipara, was seen at 6 p. m., Sunday ; os dilated to size of dollar ; had had pains for a week, which were now severe and nearly constant. At 11 p. m. os was fully dilated, pains severe but not expulsive. After waiting several hours in vain it was found necessary to use the forceps. Waiting some time longer without expulsion of the placenta, the hand was introduced ; placenta found partially adherent to fundus, longitudinal axis of uterus not shortened, transverse diameter barely permitted passage of hand. Some time after delivery again summoned, and found patient in great pain of same character as before ; uterus relaxed, partially filled with coagula, on the removal of which the pain ceased. This woman's pelvis was well-formed ; during the expulsive efforts, the finger could be passed everywhere between the pelvis and fœtal head ; the child was well-formed, with small head. Dr. W. proposed to explain the symptoms above detailed, by supposing the circular fibres of the uterus alone to have acted whilst the longitudinal remained inactive ; during the pains there being no propulsion forwards, the child was embraced by the contraction of the circular fibres as in a vice. One familiar with hour-glass contraction can form an idea of the strength required to extract a child thus embraced and held.

Dr. McKew, reported two interesting cases of retained placenta, both in primiparæ :

1. Was called at night to a woman attended by an intelligent midwife ; delivery had taken place three hours previously, but placenta still remained in utero. The cord had been broken in attempts to extract the placenta ; ergot had been given without effect. On palpating abdomen, the uterus seemed so small that but for positive assurances of the midwife he would have been certain the placenta had been expelled. Os was so rigid that he could only get in the terminal phalangeal extremities of two fingers. There being no hemorrhage, a placebo was given and further procedures postponed until morning.

When again seen next morning, the placenta was found completely incarcerated, and it was utterly impossible to give relief. Dr. W. T. Howard was summoned; anæsthesia by chloroform produced, and os dilated as rapidly as possible with Barnes' dilator. Only could secure dilatation sufficient to introduce three fingers; then after working three-fourths hour succeeded in reaching edge of placenta, a small piece of which was gotten away, but the hand became so rigid by this time that it had to be removed. Dr. Howard, after a very long time succeeded in getting away other pieces and thus finally extracting the whole mass. During this procedure powerful compression had to be made upon the abdomen in order to allow Dr. H. to pass his hand within the organ. After the completion of the operation, opium was given in full doses; not a single unpleasant symptom followed. Four or five days after the patient got out of bed, and he saw no more of her.

2. This case had been attended by a German midwife, who could not get the placenta away; he arrived four hours after the delivery of the child. There was no hemorrhage; the abdominal swelling reached to the left hypochondrium. He inserted his hand and passed it into the womb without difficulty, withdrawing the placenta, which came away easily. There was no after trouble whatever.

Dr. McKew exhibited to the society T. F., *who retains his voice and articulation after the total loss of his tongue*. Eight years ago, being then a child, he was playing on the street; wishing to go home, he was passing between two apparently unemployed cars, when just then an engine backed and caught him between them. He was frightfully injured, there being a compound comminuted fracture of the lower jaw of the right side, and comminuted fracture of right clavicle, scapula and upper ribs. He was extremely depressed by the shock and loss of blood, and a complete examination could not be made on account of the pain and extent of injury. Owing to the great œdema and swelling of the fauces, he could not be nourished thro' the œsophagus or by the stomach-tube, but enemata of milk, egg, beef-broth and stimulants were resorted to and occasionally quinine was thus administered; to prevent septicæmia. carbolic acid lotion was frequently applied to the mouth and fauces; for three weeks he was nourished by enemata alone. On the 15th day several loose pieces of bone were removed; the tongue, shriveled and shrunken and apparently only prevented from complete putrefaction by the antiseptic, was found entirely detached from its base, and was removed without the least diffi-

culty from the mouth. The line of separation was just below the large V shaped papillæ, and near the hyoid bone. At first he could not articulate, but he recovered this faculty in about two years. He says he has no difficulty in being understood by his associates, that he masticates entirely upon the left side of his mouth, and has no difficulty in managing the food. Being requested to read, he did so, and could be easily understood : it was observed that he could pronounce l, but r he pronounced like w ; th could not be pronounced. On examining the mouth, the sides of both upper and lower jaws were found very much approximated, a result of the injury which no doubt facilitates greatly the mastication of the food. The tongue was represented by a small red stump about as large as the end of the forefinger, and articulation seemed to be entirely performed by the lips, cheeks, and soft palate.

Dr. Miles related a case, recently occurring at the Baltimore Infirmary, of a large, robust man, who was said on admission to have "paralysis of tongue." He had some impediment of speech, and the tongue was firmly fixed to the floor of his mouth and when pried up, with difficulty, came down again. He spoke fairly well and swallowed without difficulty. It was not a case of real paralysis, nor yet of malingering, but rather hysterical. It passed off in a few days. He also complained of spasmodic contractions of the lower extremities with loss of voluntary movement, and complete anæsthesia of lower limbs.

There being no evidence of spinal disease, the nature of the trouble was suspected at once, and the full power of a Faradic battery was applied to the leg. He went on conversing as usual, taking no notice of the application ; his self-command was remarkable. The metallic brush was then applied to the leg ; he stood it for a while, then gave a cry and drew the limb away, and immediately burst into tears.

It is remarkable how much can be endured in the hysterical condition. He was called to a young lady in a comatose condition, who received the application of Gaiffé's battery, with the metallic brush, to throat, face, eyelids, nose and mouth, lying perfectly still and never even raising a hand, but only moaning. This was continued six to eight hours, the physicians relieving each other ; at the expiration of this time she came out of the coma suddenly and in a rage. Twenty times he had been on the point of relinquishing his efforts. In such cases there is no intention to deceive ; there is a real disordered condition of volition.

Dr. McSherry suggested an analogy to the mesmeric state, and proposed as a remedy acupuncture.

Dr. Miles said that acupuncture was painless as soon as the point of the needle is through the skin.

Dr. M., spoke of the case of Barlage, recently convicted in this city of murder in the second degree; he escaped the extreme penalty of the law on the ground of having committed the deed (killing his brother), during an attack of epileptic mania. On reaching jail he was supposed to be in a condition of insanity, biting out pieces of clothing, tearing his clothes from his body, biting on iron, etc. His spasms were said to be "grievous." When seen with Dr. Houck, he had something between his teeth, and was said to be asleep; there was a slight tremulousness of eyelids and an unnaturally inflamed look about the eyes. When raised up, he was apparently still completely insensible. On Dr. M., remarking that he would like to see a fit, he had one at once; but when the Doctor said, "he don't change color or stop breathing," the fit immediately ceased. At the next visit he applied Gaiffé's battery, touching him over the face with the metallic brush; the effect was most decided and effectual, tho' not instantaneous. He then answered questions, laid down, sat up or performed other motions as he was ordered; he did not go into tears. The Doctor left saying he would come back and apply a stronger battery. The fits then recurred once more and at night. Being sent for, he found him trembling; told him to stop, which he did, and made him swallow nourishment. When he went out, Barlage sent for him, and said he could not help the fits, that he would go anywhere, if he had to stay sixteen years, to have them checked, but begged him not to let him go to the penitentiary, because of the disgrace. The fits ceased from that time.

In seeking to understand this case we must consider the stake for which the man is playing, his liberty. By long continued effort he worked his mind and nervous system into an abnormal condition which almost passed beyond the limits of feigning and which became easier to keep up the longer it lasted. We cannot say Barlage was of sound mind, or that he has not epileptic mania, or that he will not become insane; the latter eventuality is highly probable in one of such a mental temperament. The simulation of insanity by the insane is an interesting subject, which was exemplified by Shakspeare in the character of Hamlet, who whilst insane feigns other sorts of insanity. Many epileptic convulsions are brought on by feigning.

Dr. McSherry remarked that in fevers and other diseases, the delirium is often exaggerated for particular effect; the exaggeration of drunkenness is well-known; so is it in insanity. In schools sometimes convulsions become endemic.

Dr. Chisolm had found a drop of chloroform or turpentine in the eye a very speedy cure for cases such as above related, as well as malingering which was exceedingly common during the war.

Dr. McKew had witnessed, during his residence at the old Alms-house, an extensively prevailing hysteria, which was checked by having one of those affected, a girl, stripped and soused with cold water.

Dr. H. P. C. Wilson related a case of post-partum hemorrhage with entirely novel features. It was the patient's fourth labor. He was called at 8.45, the child was born at 10; the uterus contracted well. The placenta was found in the vagina and came away without difficulty; immediately afterward there was a great gush of blood. He passed his hand at once into the uterus, which, thus irritated, contracted firmly. Fluid extract of ergot was freely administered, by mouth, rectum and hypodermically (3j being twice injected under the skin, and ʒiiss being used by the different methods). He thought the danger was over, but the blood again gushed forth. The hand was again introduced and ice carried into the uterus; the hemorrhage again ceased, but immediately recurred on removing the hand. This recurred several times, the womb contracting well on introducing the hand and expelling the latter, but immediately relaxing, with return of hemorrhage. He did not resort to the use of iron injections into the uterus, being opposed to it, and for this reason: Should it fail to arrest the hemorrhage, it would lead to the collection of a strong coagulum in the uterus, and contraction of the vagina, so that it would be impossible to use the hand any longer internally. He therefore again introduced the hand and with his nails raked the placental surface as in the use of the curette; the uterus contracted, expelling the hand, but as speedily relaxed and admitted the hand again, so that his hand was expelled and readmitted immediately several times before he finished raking down the placental surface, but not one drachm of blood was lost after that. In one-half hour the ergot began to act, and she got along very well. This mode of treatment was suggested by the use of the curette in other forms of uterine hemorrhage.

Dr. W. also related a case of *chronic inversion of the uterus*, reduced in the last fortnight. It was the first case with which he had ever met. The lady, a primipara, was delivered by a physician on

the Eastern Shore seven months ago. Ever since had had profuse hemorrhages at the menstrual periods, with continuation of the discharge during the intervals. She was feeble and blanched, with depressed spirits and all sorts of nervous symptoms. Her physician had advised that she should be sent to Baltimore, hoping the change would prove beneficial to her. Being sent for, Dr. W. examined per vaginam and found a mass, resembling a fibroid polyp,  $2\frac{1}{2}$ –3 inches in long diameter,  $1\frac{1}{2}$ –2 in transverse, with a well marked pedicle coming out from os uteri. Ascertained that she had been in perfect health at the time of confinement. He could not detect the uterus through the abdomen or rectum: on introducing the probe along the apparent pedicle, it met with obstruction, which established the diagnosis. Menstruation came on one or two days afterwards, and he had an opportunity of witnessing the blood oozing from the uterine surface, a rather unusual sight. Three or four days after the menses had ceased, attempted reduction, the patient being anæsthetized by chloroform. Began by grasping the inverted portion with the open palm, the hand being introduced entirely into the vagina, and passing it upwards; in one-half hour had succeeded in bringing the fundus to a level with external os. There was no progress then for forty minutes; the hand became so cramped that one of the assistants, Dr. Gardner, had to relieve him. Meanwhile strong pressure was made over the abdomen.

He then tried to indent the fundus, but it bounced back each time, as if it had been india-rubber. He then depressed first one horn and then another, they exhibited the same resiliency. He then resumed the original process, and after working one hour and ten minutes, finally succeeded. There was no hemorrhage. The cavity of uterus was mopped out with Liq. Ferri Subsulp. and Glycerine, for antiseptic effect. She got on perfectly well and returned home a few days afterwards. Both arms, hands and shoulders were so paralysed, that they did not recover entirely for ten days. The physician who attended her said that "the labor was a perfectly natural one; after the birth of the child, he drew on the cord when the placenta came down with a flop."

The members of the society being asked for any similar cases, with which they had met,

Dr. O'Donovan said he had come across two.

Dr. Jas. Steuart with one; all three were cases of several years standing and beyond reach of relief.

Dr. Johnston had met with a case which was due to traction upon

the cord by the midwife, the placenta was still attached, the womb congested and oozing a great deal of blood. He first washed the inverted part with warm water, then peeled off the placenta, after which restoration was effected without difficulty. About twenty minutes were occupied in the reduction.

Dr. Chisolm reported the following cases:

1. Of marked myopia and astigmatism of the right eye, in which use of the eye brought on a reflex pain beginning in the forehead of that side, and extending to neck, elbow and wrist, but no further.

2. Young lady who, with similar affection of irregular vision in each eye, suffered pains which starting from the head, would pass down to the extremities of the fingers of each hand.

3. Astigmatism in a young lady of 26, never free from headache. The cause of the trouble was first detected by the use of a four-grain solution of atropia, and the headache permanently cured after the adjustment of suitable cylindrical and spherical glasses.

4. Amaurosis in a boy from injury to branches of the 5th pair consequent upon a fall upon the face, and splinters driven in upon the supra-orbital nerve. Impaired vision, in the course of time, resulted on the injured side, and he could not detect light; over the eye was a swelling with slight fluctuation which was lanced, (a few drops of pus escaping) and a piece of lint inserted. In a few days he could see the tips of the fingers, but not the hand at all. More perfect vision gradually returned. In this case the eye was perfect, showing no signs of injury or disease whatever. The loss of vision was purely reflex, due to the nerve injury.

5. A boy of 14 was cut over the right eye, the supra-orbital nerve being apparently divided. Intense pain resulted many months afterwards, and vision became suddenly impaired; this was detected by his father, who noticed that in reaching for things upon the table, he either reached too far or not far enough, having suddenly lost the measure of distance. He has since entirely lost sight in this eye, although he still suffers from time to time severe pain.

6. A lady with incipient exophthalmic goitre, who has loss 75 pounds in two months; there is very slight enlargement of the throat and protrusion of the eyeballs, with excessive nervousness and cardiac palpitations.

7. Rudimentary ear in a little boy with squint; it was removed by operation two days ago. Two well-marked cartilaginous bodies were found in the skin, half inch from the tragus; a nodule very much

smaller exists in a similar location on the left side of the face.

8. In an atheromatous cyst removed from the eyelid of a child one year old were found several hairs matted together, and forming a nucleus in the cyst. Such hairy products are not uncommon in congenital cysts connected with the periosteum in the vicinity of the orbit but are not found in the ordinary atheromatous cysts of the lids.

9. Blepharoplasty for the restoration of the lower lid in a young man of sixteen. When four years of age, he had erysipelas with abscess under the eye and extensive sloughing of the skin. During the healing process the lid was drawn out of place and completely everted. Dr. C. explained upon the blackboard how he had designed a triangular flap in the cheek, which, when dissected up, released the lid and allowed it to be replaced in its normal position. The wound, when closed, exhibited so few cicatricial lines as to completely remove the deformity.

Dr. H. P. C. Wilson spoke of the utility of hot water injections for the relief of post-partum and other hæmorrhages from the uterus. Menstruation is often arrested by the hot water injections now so commonly used in uterine diseases; he always orders them to be discontinued two or three days before menstruation. (Dr. McKew had met with a case in which the menses were almost entirely checked by them).

Dr. W. referred to a case of vaginismus in a woman, who had had three children. The slightest touch of a feather brought on a spasm; he could not introduce his finger, nor had the husband been able to have connection. She was operated on by incision, a glass introduced and recovery was perfect. Frequently operates in young, newly-married women.

Dr. McKew related a case of vaginismus in a recently married woman, complicated with retroflexion and a fibroid tumor projecting into Douglass' Cul-de-sac. Dr. Nott, then residing in Baltimore, thought the latter a mass of feces, but an enema of hot water cleared the rectum, and Dr. McK's diagnosis was established. The whole surface of the vagina was dotted over with red points; the resemblance to stomatitis suggested the use of chlorate of potash, which was injected in saturated solution. This treatment was begun on Saturday, and by Tuesday sexual intercourse had become "pleasurable." There was no other treatment, except the use of the speculum and vaginal examination.

Dr. Wilson said there were cases due to morbid acid secretions, which could be cured by any alkaline lotion, such as chlorate of pot-

ash. Vaginismus may always be cured by the use of the speculum, incisions and the glass plug. Intra-mural fibroid tumors are no bar to pregnancy nor is retroflexion ; he often meets cases thus complicated.

Dr. Chisolm recalled a case of vaginismus occurring many years ago under his observation, due to a small irritable vascular polypus, situated at the meatus, the removal of which accomplished the cure. The hardness and rigidity of the vagina and excessive sensitiveness of surface had caused the previous attendant to pronounce a diagnosis of cancer.

D. J. Carey Thomas reported a case of vertigo of several years standing in a gentleman over 80 years of age. He applied himself very closely to business, and in going from the car to his office, he would often be seized with vertigo, and have to hold on to a lamp-post, whence, with assistance, he reached his office. He never lost consciousness or the ability to maintain the erect posture. Dr. Thomas thought the attacks due to indigestion, and treated him with purgatives, tonics, and various mineral waters, but without benefit. Whiskey was also fruitless. Upon the recommendation of some non-medical friend, his patient used one-third drachm of cayenne pepper after each meal, in a short time the vertigo disappeared. The habits and business engagements continued the same as before.

Dr. Steuart referred to the case of a merchant who on every sea-voyage suffered terribly with sea-sickness. On one of his voyages he met a traveller who told him " he had a remedy which never failed ;" he took it, and was immediately seized with intense burning in his stomach ; he tried to throw it up but could not ; the burning gradually ceased, and was followed by a profuse cold perspiration. He had not the slightest symptom of sea-sickness afterwards. It was supposed to be some preparation of capsicum.

Dr. McSherry, when suffering from sea-sickness, found soup dressed with capsicum palatable. Iced champagne and carbonated waters are good remedies but capsicum is the best of all.

Dr. Chisolm reported a cataract operation in a patient aged 96. Chloroform was administered without unpleasant effects.

EUGENE F. CORDELL, M. D.,

Reporting Secretary.

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## THE AMERICAN MEDICAL ASSOCIATION.

The Association commenced its session in Buffalo, New York, June 4th. The President, Dr. Thos. F. Richardson, of New Orleans, called the meeting to order. It was opened with prayer by the Rev. J. Van Bokkelen, D. D. The address of welcome was delivered by Dr. Thos. F. Rochester, the chairman of the committee of arrangements.

Dr. Atkinson, the Secretary of the Association, had read the names of the delegates, which amounted to nearly three hundred and fifty, and a telegram from Dr. Marion Sims (in Paris) regretting his inability to be present, and the President then delivered his address. The address was upon the subject of medical education; the course of medical reformation which was to be brought about through the State, County and District Societies. The subject of State Medicine was also ably treated, and the advocacy of State Boards of Health strongly recommended. The entire address was well delivered, ably written and listened to with the closest attention, and will fully compensate all who did not hear it to read it carefully and study closely when the proceedings are published. At the close Prof. S. D. Gross, with a beautiful and just tribute to the worth of the address moved the thanks of the society be tendered to Dr. Richardson. The motion was carried.

During the afternoon the several sections met in different halls in the city. The section on surgery met in St. James Hall the same that had been occupied in the morning by the association. It was presided over by Prof. H. H. Smith, of Philadelphia. Several papers were read by members of the section, and some of them briefly discussed. Both at the first and second days' meeting of the association there were many distinguished physicians and surgeons on the platform with the officers; among them were Dr. Gross, of Philadelphia; Dr. F. H. Hamilton, of New York; Dr. Bowditch, Dr. N. S. Davis, Dr. J. M. Toner, Dr. L. A. Sayre, Dr. A. Flint, Dr. Loomis, Dr. H. H. Smith, Dr. A. Dunlap, Dr. Russell and others.

After the report of the judicial council which occupied some time Prof. H. H. Smith, Chairman of the surgical section, read a very interesting paper concerning the pathology of bone, more particularly tubercle. He said that formerly the bony structure had been considered only as that portion of the system intended for the support and contents of the softer tissues, the attachment of ligaments, muscles, support of the body and so forth; he said recently a new function had been attributed to it, the bones being now regarded by many as a pro-

cess for the origin of the white and red corpuscles of the blood, through which diseased matter was introduced into the general circulation, accounting for many cases of septicæmia and blood poisoning formerly attributed to other causes. It was an excellent paper, in some respects, containing new ideas, most carefully arranged and replete with careful investigation and research. The paper was referred to the committee on publication. Extracts were read from the paper of Dr. Seguin, which was presented the previous afternoon in the section on State Medicine and Public Hygiene; the Dr., not speaking English fluently, extracts were read by Dr. Frank H. Hamilton. He also added his own views, the principal of which were contained in a resolution to this effect which was adopted: That the opinion of the association was that medical men should always be consulted as regards the construction and location of public schools, the age at which children should be first admitted, the number of hours of study, and the general management of the schools, etc. He said the improper management of children in schools frequently leads to many serious physical and mental diseases of earlier life.

The following is the list of officers elected for the year 1879:

*President*.—Theophilus Parvin, M. D., of Indiana.

*Vice-Presidents*.—A. J. Fuller, M. D., of Maine; W. F. Westmoreland, M. D., of Georgia; John Morris, M. D., of Maryland; John H. Murphey, M. D., of Minnesota.

*Treasurer*.—Richard Dunglison, M. D., of Pa.

*Librarian*.—Wm. Lee, M. D., of District of Columbia.

*Committee on Library*.—John Eliot, M. D., of District of Columbia.

*Assistant Secretary*.—Scott Todd, M. D., of Atlanta, Georgia.

*Committee of Arrangements*.—J. P. Logan, chairman; H. V. M. Miller; G. G. Crawford, H. L. Wilson, J. F. Alexander, J. M. Johnson, Chas. Pinckney, V. H. Talliaferro, J. T. Johnson, of Atlanta, Ga.

*Committee of Prize Essays*.—Rob't Battey, of Ga.; J. G. Westmoreland, of Atlanta, Ga.; Wm. A. Love, of Atlanta, Ga.; Rob't Kidley, of Atlanta, Ga.; Henry F. Campbell, of Augusta, Ga.; J. H. Van Deman, of Chattanooga, Tenn.

*Committee on Publication*.—Dr. Wm. E. Atkinson, chairman; T. M. Drysdale, M. D., A. Fricke, M. D., S. D. Gross, M. D., C. Wister, M. D., R. J. Dunglison, M. D., of Pennsylvania, and Wm. Lee, M. D., of District of Columbia.

The Association adjourned to meet in Atlanta, Georgia, on the first Tuesday in May, 1879.—*Clinic*.

## ABSTRACTS AND SELECTIONS.

### THE RATIONAL TREATMENT OF STRICTURE OF THE URETHRA.

Dr. Samuel W. Gross, of Philadelphia, read by invitation, a paper before the New York Medical Journal Association, of which the following is an outline: To obtain a radical cure or to delay as long as possible the return of the symptoms, the only rational treatment is to restore the urethra to its normal distensibility at the affected portion. The ordinary gradual dilatation is powerless to effect the object, since the process ceases with the insertion of the largest instrument that comfortably fills the meatus, which is many millimetres smaller than the canal behind it. The meatus averages about 24 mm. (nearly 1 inch) in circumference, while the spongy portion (which is narrower than the bulbous) equals 32 mm. If a stricture be seated in the spongy urethra a No. 24 bougie cannot restore its normal distensibility or calibre, and this fact explains the unsatisfactory results of this mode of treatment. Though if the coarctation be soft and recent and does not contain elastic fibres, the symptoms will be palliated, still even in strictures of large size (the most common ones) the prominent symptoms are sure to recur. In these cases he found the stricture as clearly defined by the bulbous explorer after the treatment as it was before, showing that no real benefit had been done. Even after incision of the meatus and using conical steel bougies up to the normal size of the urethra, he has never effected a cure, although many patients have been made comfortable. Hence, he only employs dilatation when it is the only recourse on account of disease of the urinary apparatus or disinclination of the patient to operation. To restore the urethra to its normal calibre, it is necessary to insert a piece of new, soft, pliant tissue between the divided sides of the cicatricial tissue on which the narrowing of the passage depends. This is accomplished by divulsion or internal urethrotomy or by both, according to the indications. In every case the surgeon has to deal with an associated urethritis,

which is a source of spasm or irritation, giving rise to reflex symptoms; there is more than a passive obstacle to the free flow of urine or use of instruments. Then, the indications are: allay congestion, spasm and tenderness; bring the coarctation to the normal calibre of the part of the urethra in which it is seated; mitigate or prevent urethral fever. A satisfactory result will depend on observation of the first and third indications. If the meatus is small or strictured, it should be cut up to the size of the largest instrument which the subsequent treatment demands. An important point is to search for and remedy strictures seated in the anterior part of the urethra, before operating on those seated posteriorly. His notes show that in 180 cases (322 strictures), in  $67 \frac{1}{3}$  per cent. the stricture was in the 1st inch: 7 only were solitary, 34 double, 20 treble, 3 quadruple, 2 quintuple and, 1 was multiple.

A stricture at the meatus should lead the surgeon to explore for additional ones; this is liable to provoke spasm in the deeper portion of the urethra which may simulate organic contraction, and lead to error, in diagnosis and treatment. For this reason he always cuts the anterior stricture before attempting anything further back. After these preliminary measures and minor operations, the calibre of the urethra and the location of strictures is determined by the urethrometer of Dr. Weir or his own, (which is less costly, and thus within reach of the general profession).

To insert a splice in the contracted part divulsion or internal urethrotomy must be done; latterly, he has practised the latter most frequently because the former, though not unsafe, is not always effectual. In his private practice in 27 per cent. divulsion had to be supplemented by internal urethrotomy to cut the undivided bands. He prefers retrograde urethrotomy by his own instrument—a metallic exploratory bougie, the slender shaft being provided with a handle, and grooved for a steel rod to one end of which is attached a blade and to the other a button. The incision is made on the floor of the urethra, the blade being regulated by a lateral screw near the handle. In practice two such instruments are required, one with bulb equal to No. 15 French and the other equal to No. 23 French. He divides strictures in the

1st inch with a bistoury or tenotome. In four he used ether, and he believes that the urethral fever was due partly to its depressing effects; in two other cases of urethral fever there was no preparatory treatment. With due precautions and absence of any kidney disease, little need be feared from divulsion or internal urethrotomy. His practice is essentially that of Dr. Otis; recognizing the fact that the canal in its different parts, various in its capacity for distension; no two urethrae are alike in normal calibre; so each case is managed on its merits, and no limit is placed on size of bougies subsequently used. The disadvantages of this method depend on the normal anatomy of the urethra. In the vast majority of cases the meatus must be enlarged to correspond to the size of the passage behind it—in many this entails a deformity; is inconvenient to the patient on account of the hemorrhage and the suffering in the subsequent passage of instruments to prevent adhesions, and is apt to produce tears in the ante-bulbous urethra. For these reasons, which are based on actual observation, he believes that cutting the meatus is uncalled for, when the relation between its size and that of the spongy urethra is normal. He has devised an instrument by which the severed parts can be stretched during the healing process without detriment to the remainder of the urethra. A No. 16 steel sound is split into two halves to form blades, which can be separated laterally, so as to form a spindle-shaped body by a flattened cone attached to a rod, which is acted upon by a wheel at the proximal end of the handle, a register, (marked in millimetres), attached to the handle, indicating the extent of separation. It is introduced shut, then distended to the necessary degree, closed and withdrawn. If the meatus is congenitally or otherwise small, it should be enlarged only to the extent of being 8 mm. less in circumference than the spongy portion of the urethra. By preserving these normal relations, (intended to increase the projection of the semen and urine), the natural functions of the urethra are preserved and the patient spared suffering. This instrument can also be used to define the anterior face of a stricture, or may be used as a divulsor by rapidly turning the wheel. He is satisfied with the action of the dilator in place of steel bougies after inter-

nal incision, but not enough time has elapsed to enable him to speak of its ultimate results. His conclusions are :

1. The rational treatment of stricture of the urethra consists in restoring the natural expansibility or calibre of the affected portion of the canal.

2. Before any operation, having this end in view, is practised, the sensibility of the urethra should be obtunded, lest it resent the violence to which it is about to be subjected.

3. After spasm and hyperæsthesia have been relieved, its calibre of that portion of the urethra in which the stricture is located should be estimated by the urethrometer, with the view of bringing the affected portion up to that standard.

4. Internal urethrotomy from behind forwards is the most effectual mode of accomplishing that object.

5. The meatus should not be interfered with, provided its circumference is 8 mm. less than that of the spongy urethra.

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THE USE OF CHLORAL IN ALCOHOLISM.—Dr. Fürstner, of Vienna, is quoted by the *London Medical Record*, on this subject, as follows :—

In the first published cases of delirium tremens treated by chloral, its favorable action was not always very marked ; sometimes its effect was temporary, sometimes altogether absent ; in some of the cases toxic symptoms were caused, and it soon became evident that the dose necessary to produce the desired result varied within very wide limits. It must never be forgotten that many patients, when they first come under treatment, have still a large quantity of uneliminated alcohol in the system. Though the general symptoms of depression, caused by large doses of alcohol, are often not very marked in habitual toppers, still the condition of the pulse deserves the most careful consideration in deciding the dose of chloral to be given. Certain patients, not necessarily weak and emaciated, but apparently robust, muscular persons, often have a remarkably small, frequent, compressible, occasionally irregular pulse, with great faintness of the heart sounds, and a less degree of motor restlessness than usual. The author has repeatedly satisfied himself by necropsies that these

symptoms are not due to any disease of the heart; they must, therefore, have a central cause. Having regard to the facts that chloral has been proved experimentally to have, in large doses, a paralyzing action on the heart and vaso-motor centre, and that several published cases show that chloral has had a pernicious effect in alcoholism, it is necessary to be most careful in the administration of alcohol in the cases just described. The author believes that cases of sudden death in delirium tremens, after the administration of chloral, are to be explained by the combined cumulative action of alcohol and chloral upon the vital center in the medulla. It may be urged against this theory that sudden death is by no means uncommon in this disease, even when no chloral has been given; Dr. Fürstner believes that in these cases the alcohol has, of itself, been sufficient to stay the functional activity of the vital centres; it is, therefore, most important not to increase this danger when it threatens, by administering chloral. All patients who, though apparently robust, have the small, frequent and compressible pulse described above, without other complications, are treated by Fürstner without chloral; they are secluded if they cannot be kept in a general ward, and small doses of wine and spirits are given with good results.

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DR. ALBON S. PAYNE ON SMALL POX.—The March number of the Virginia Medical Monthly contains an Original Communication from the pen of Dr. Albon S. Payne, of Morkton, Va., on the *Pathognomonic Pulse of Small-Pox, before Eruption, and the Therapeutic Value of Vaccination during the Stage of Initial Fever*.

The Doctor says :—" In saying that I recognized variola by the pulse, before I dreamed of its existence amongs us, and before any eruption whatever had made its appearance, I do not wish to be understood as claiming for myself any particular astuteness; but rather to show that this disease has, in my opinion, a pulse of its own—*sui generis*, recognisable by any physician, who will patiently and carefully investigate this subject until his finger becomes educated. When once recognized, it can *never* be forgotten, any more than a physician who has once learned to detect

the hæmorrhagic pulse could forget its peculiar thrill, imparted to his educated finger."

Dr. Payne states that he began his observations on Small-Pox thirty-four year ago, whilst in attendance upon small-pox hospitals in New York city, and became satisfied of the correctness of his opinion; but before making them public, waited *patiently* to prove them by a strict experience, not in one or two cases, but by many.

He says:—"My plan *is* to examine the patient twice a day, and as soon as the *primary*, or initial fever is recognizable by the pulse, vaccinate him."

"If done within ten or twelve hours after inception of the initial fever, the patient will have slight indisposition without a *sign* of eruption, and as positive exemption from a recurrence of the disease, as he will be from having the disease in the most malignant form. The most remarkable feature about the whole thing is, that if the patient is vaccinated early after the initial fever sets in, he may be allowed then to go where he pleases without any fear of giving the disease to others. The engrafting of the vaccine matter upon the pirimont variolous fever, seems to have the power to destroy its ability of *reproduction or propagation*."

Again, "Another peculiarity is this:—If an unproduced patient is vaccinated before the inception of the initial fever and the vaccine takes, but does not prevent—only modifies the disease—the emption will be varieloid in its appearance and characteristics. But if vaccinated after the commencement of the initial fever and too late to prevent entirely on emption, the emption will resemble in size and other characteristics, the small-pox eruption—it matters not whether there is one or a hundred pimples."

The Dr. next reports a number of cases upon whom he has performed vaccination in the initial stage of small-pox with the arrest of the disease and the results claimed for. This proper has been carefully prepared, and treats of a subject which cannot fail to interest the student of medicine. These views of Dr. Payne are well supported by his own experience, and are worthy of very careful consideration by the profession.

Dr. Payne is a gentleman of fine culture and intelligence, and

has devoted much time and careful observation to the study of small-pox and vaccination. This discovery which he claims entitles him to a high position, owing the benefactors of his race ; for if it be a fact, and we accept Dr. Payne's statement as a fact, that the pulse is pathogromonic of small-pox in its initial stage, and that vaccination practiced during this initial stage, arrest or modifies the disease, we have here one of the best means of arresting this dreadful disease and of preventing its contagion which has yet been offered to the medical profession.

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INFLUENCE OF PREGNANCY ON SUCKLING.—In reference to a case recently at the Hôpital des Cliniques, Professor Depaul took the opportunity (" Rev. Méd.") of strongly impressing upon his class that the continuance of suckling after pregnancy had manifested itself, whatever its effects might be on the mother, acted most injuriously upon her infant. First, the quantity of milk diminishes, and the child, though suckling for a long time, no longer obtains the quantity of nutriment which it requires. Its stomach not feeling satisfied with what it has received, in place of going to sleep after a copious repast, as usual, the child cries and becomes restless. If, in spite of these signs, the mother continues to suckle, more alarming symptoms are produced. Digestion is disturbed, and, after each suckling, in place of some pure milk flowing out of the mouth after the breast is taken away, as may be observed in infants who are quite well, actual vomiting takes place, and a large mass of not yet coagulated milk which the stomach cannot tolerate is rejected. The stools, too, exhibit characteristic modifications, and in place of passing two or three of these in the twenty-four hours, the child now passes several, so as to amount to diarrhœa. In some cases there may be, however, constipation. The discharges are themselves abnormal in their appearance. In place of appearing somewhat thickened, and resembling in color and consistency a boiled egg, they may be quite fluid, of an appearance just like spinach-water ; at other times they are less fluid and brownish ; and in other instances, again, both in color and consistence, they exactly resemble glaziers' putty. They are accompanied by a more or less considerable

quantity of mucus, according to the amount of intestinal irritation, and there may be present streaks or even true drops of blood. Sometimes the amount of milk does not seem to have materially diminished, for it is not uncommon to find it issuing abundantly on pressure being made. This may give rise to error, as it only proves that the gland performs its function actively; but weighing the infant will show that it derives from this milk an utterly insufficient amount of nutrition. Chemical analysis fails to show us what is the modification which the milk undergoes through pregnancy, rendering it unfit, even when in sufficient quantity, for the nutrition of the child; but that such a modification does take place is beyond all doubt, and is indeed sufficiently shown to exist by the marked repugnance which the infant may exhibit to the breast.

Professor Depaul has met with three or four remarkable examples of this. In one of these he was sent for by a young woman, whose infant, which was quite well, and had up to then been well nourished, had for some time past absolutely refused to take the breast. Tried in his presence, after having abstained from food for some time, it would not suckle; but no sooner had a nurse who had been sent for made her appearance, than it seized her breast with avidity. On interrogating and examining the mother he became convinced that she had become pregnant.

"The conclusion to be drawn from these facts is, that whenever a woman asks you whether, having become pregnant, she ought to continue to suckle her infant, you should reply in the negative and advise her to procure a nurse. For you may be certain that the disturbances of which I have just given you a very faint sketch, if they have not as yet been produced, will manifest themselves before long, to the great detriment of the child's health."—*Med. Times and Gaz.*



## EDITORIAL.

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AMERICAN MEDICAL ASSOCIATION.—We publish in this number a brief report of the Twenty-Ninth Annual Meeting of the American Medical Association which convened in Buffalo, New York, on Tuesday, June 4th, and continued in session four days.

The meeting was one of great interest and in many respects the most important the Association has ever held. There were over six hundred names of delegates and visitors gathered from every section of this broad country. The East, West, North and South met socially together, and the utmost harmony and good feeling prevailed.

The work in the different sections was prosecuted vigorously. The address of the President, Prof. Richardson of New Orleans, La., was upon the subject of medical education and state medicine, selections of which we publish. It was pronounced a masterly effort and received by the Association with great enthusiasm. Socially the occasion was one of the most brilliant and memorable the Association has yet enjoyed.

The beautiful city of Buffalo threw open her doors of hospitality and gave to the Association handsome entertainments.

The Buffalo Club gave a handsome reception at their house. Private entertainments were given by wealthy citizens and members of the profession. The entertainments closed with a banquet at the International Hotel, at Niagara, given by the profession of Buffalo. The hospitality of the beautiful city will long be remembered, by members of the Association.

The Association selected as the place for its next annual meeting Atlanta, Ga., and the time of meeting first Tuesday in May, 1879.

The officers of the Association for the coming year will be found in the report of proceedings. The President, Dr. Theophilus Parvin of Indiana, is well known to the profession throughout this country. He is a gentleman of large experience and of scholarly attainments, and well qualified for the responsible position of presiding officer of this Association. Dr. John Morris, of this city, an earnest, and ever present friend at the meetings of the Association, represents Maryland as Vice-President of the Association. A number of medical men from this city and state were present at this meeting, the delegation being larger than for several years past, still there is much room for improvement in the attendance upon these meetings by members of the profession here. Let more of our prominent physicians turn out next year and make the gathering at Atlanta only the forerunner of a grand meeting in this city in 1880. We now put in a plea for Baltimore for 1880.

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BALTIMORE AS A MEDICAL CENTRE.—We desire to direct the attention of physicians, and young men who contemplate entering the profession, to the advantages afforded in this city for the successful prosecution of study in all the branches of medicine. With its well-known colleges, extensive hospitals and dispensaries, conve-

nient location, reputation for hospitality, healthfulness and cheap living, the advantages afforded, and attractions offered those in pursuit of a thorough medical education, are not surpassed, if equaled, anywhere.

A REQUEST.—We constantly aim to improve the JOURNAL, and ask our friends and readers to do all they can to aid us. Write us all the medical news; anything pertaining to medicine or doctors; short, practical letters, or articles, on subjects of interest to the profession. Report to us all the deaths, marriages, appointments, changes, etc., in each locality. We want the latest news, as we desire to make the JOURNAL a vehicle of business, social and professional communication between doctors in all sections of the country. Do this, and we are your debtors—add \$3. for a year's subscription, for yourself or friend, and we will be doubly indebted therefor.



### BRIEFS.

REDUCTION OF STRANGULATED HERNIA.—M. Phillippe has added another to the numerous resources of facilitating his reduction of strangulated herniæ. It consists in the hypodermic injection of a solution of morphia in the immediate vicinity of the hernial tumor previous to attempting taxis. The local effect of the injection is a striking decrease of tension of the tumor and of its painfulness, relaxation of the abdominal muscles and, it is alleged, dilatation of the constriction. P. mentions three cases in which attempts at reduction proved futile previous to the injection of morphia. After the injection of a sufficient dose of the salt reduction could be effected in a very short time.—*Gaz. des Hôpitaux*.

CHLOROFORM NARCOSIS CURED BY NITRITE OF AMYL.—An English journal reports a case of threatened death from chloroform, in which the patient was resuscitated by the inhalation of a few drops of amyl. The indication for the use of nitrite of amyl is furnished by the sudden failure of the pulse.

Another means of treating a threatening narcosis caused by chloroform is recommended by M. Baillée, of Belgium. It consists in the introduction of a small piece of ice into the rectum. A moderate degree of pressure suffices to overcome the resistance of the sphincter. The ice melts in the intestine, which is followed by the reëstablishment of natural respiration and of the cardiac functions.

This treatment might also prove serviceable to excite respiration in the new-born child.

THE Michigan State Medical Society met at Lansing, May 15th. Issue was fairly joined on the resolution that the graduates of the Ann Arbor University, since part of the faculty have been constituted of homœopathists, should not be admitted to the membership of the State Society. What is called the Liberal party defeated the proposed amendment by a vote of 62 to 41. and also proceeded to elect members of the Board of Censors who would carry out the views of the majority in considering applications for membership. The indications now are that the matter will come before the American Medical Association, on appeal, and that the Michigan Society will there be accused for permitting its members to improperly treat with homœopathy.

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DEATH FROM CHLOROFORM.—Dr. Hugh M. Taylor reports, in the *Virginia Medical Monthly* for May, a death from chloroform, which occurred in the practice of Prof. McGuire, April 20, 1878. The operation of external perineal urethrotomy had been performed on a gentleman forty-one years of age, under chloroform, and the anæsthetic had been removed for a few seconds, when the patient ceased to breathe. Efforts were immediately made to restore life, including artificial respiration, amyl, inversion, etc., but without avail. Squibb's purified chloroform was used, the patient having inhaled altogether about one ounce, during three-quarters of an hour.

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AN IMPROVED ANÆSTHETIC.—Dr. George Wachsmuth recommends (*Deutsche med. Wochenschrift*) for an easier, pleasanter and less dangerous anæsthesia, the addition to chloroform of one-fifth its bulk of ol. terebinth. The latter acts as a refrigerant to the lungs and thus prevents their paralysis, increases their capacity and volatilizes the chloroform, facilitating its diffusion. For the patient it is quite pleasant and for the physician, speedy and safe.—*St. Petersburger med. Wochenschrift*.

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A NEW REVULSIVE.—M. Lardy has introduced to the notice of the profession a new revulsive, the extract of pimenta, which is noticeable for its rapid and prolonged action, and the active revulsion, without pain and itching, caused by it. In ten to thirty minutes it causes a redness of the skin, which increases for three hours and then remains stationary. The extract has a beautiful red color. It should be incor-

porated in an adhesive mass and applied on squares of paper, like mustard leaves. Care must be taken not to touch the eyes with the hands when they are soiled with the drug.

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A PROPERTY OF SULPHATE OF QUININE NOT WELL KNOWN.—This property consists in the modification it causes on suppurating surfaces when it is applied locally. The injection of a solution of 60 centigrammes of sulphate of quinine in 60 to 100 grammes of distilled water is very advantageous in the treatment of empyema. This same injection is efficacious in gonorrhœa, and an ointment of sulphate of quinine exercises a cicatrising action on wounds and chronic ulcers. The injections of quinine have the same action on suppurating cavities and fistulous tracts.—*Gazetta Medica Italiana*.

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STATE MEDICAL SOCIETY OF INDIANA.—The twenty-eighth annual session was held at Indianapolis, on Tuesday and Wednesday the twenty-first and twenty-second of May. The attendance was large, about two hundred and fifty physicians being present. The president, Dr. L. D. Waterman, delivered an able address on Public Health. The general circulation of this address among the legislators of the state will do more to secure proper sanitary legislation than a bushel of resolutions and a car-load of committees.

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DR. GEO. H. ROHE has been appointed Resident Physician at the Dagger's White Sulphur Springs, Va., and left last week for that place. He will be absent during the summer.

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DR. JOSEPH E. CLAGGETT, of this city sailed for Europe on the 5th of last month. The doctor seeks recuperation from his labors, and during his absence, will visit the principal European Hospitals.



## BOOKS AND PAMPHLETS.

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SOME CAUSE OF TRAMATIC LESION OF THE EYE OF UNUSUAL CHARACTER. By Samuel Theobald, M. D., Surgeon to Baltimore Charity Eye and Ear Dispensary, etc. Reprint from *Virginia Medical Monthly*.

A NEW TREATMENT FOR SPINE DISEASES. By Meigs Case, M. D., Oneonta, N. Y. Reprint from *Cincinnati Lancet*.

OLD AGE ITS DISEASES AND ITS HYGIENE. By Lunsford P. Yandell Jr., M. D., of Louisville. Reprint from *American Practitioner*.

EULOGY UPON LUNSFORD P. YANDELL SR. By T. S. Bell, M. D., Louisville. Reprint from *American Practitioner*.

AMPUTATION OF CERVIX UTERI. By W. H. Wathen, M. D., Louisville. Reprint from *Richmond and Louisville Medical Journal*.

ANNUAL CATALOGUE OF BELLEVUE HOSPITAL MEDICAL COLLEGE. Sessions of 1878-'79.

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## OBITUARY RECORD.

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DR. WILLIAM FERNBACH, aged thirty-four, a German physician, died last week, in New York, from an overdose of belladonna. He was a graduate of the University of Breslau, and seven years ago he was surgeon on board the steamship Hamburg, of the Brazil line.

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DR. GEO. L. SHEARER, a highly esteemed physician of York county, Pennsylvania, died on the 4th of June, in the 78th year of his age.

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DR. ROBERT DALTON, of Leaksville, N. C., was thrown from his buggy and killed on the 8th of June.

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DR. JOHN EVANS, a prominent physician of Harford county, Md., died near Port Deposit, on the 15th of June. He had been a practitioner of medicine for forty years.

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DR. T. H. MANN, of Franklin county, N. C., died on June 5th, aged 47 years.

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# MARYLAND MEDICAL JOURNAL.

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different forms of the *same* disease? In short, are they identical diseases or not?

I invite your attention to the discussion of this question, one which has for a long time agitated the medical world, and not yet obtained a satisfactory and harmonious solution. I select the topic, however, less on account of its scientific interest, than because of its important practical bearing in the treatment of two of our most formidable diseases.

Our literature teems, as you know, with opinions on this subject wholly irreconcilable and conflicting, yet it is none the less imperative on us as practitioners, to decide, according to the best light we can obtain, on which side the weight of testimony leans. There is no alternative for us—no neutral position to take. We may range ourselves with the Unitists in believing that Croup is *asthenic* and but a form of Diphtheria, requiring the same supporting treatment, or with the Dualists in believing, on the contrary, that Croup is a distinct and *sthenic* inflammatory disease, requiring the promptest antiphlogistic treatment. I say we *may*, nay as practitioners we *must* adopt one, or the other of these

## EXPLANATION.

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Through an oversight one proof, in this number, failed to be corrected after it had been carefully read by the editors.

This occurred in the comments on the article of Dr. Alban S. Payne, of Markham, Va., on Smallpox, on page 202, and in the notice of Dr. Samuel Theobald's paper, on "Some Cases of Traumatic Lesion of the Eye of Unusual Character," on page 210.

The intelligent reader will supply the necessary corrections, as *Pathognomonic, Therapeutic, Primary, Unprotected, Eruption, Etc., Etc.*, for what appears in their stead.

We regret, exceedingly, the necessity for this apology.

# MARYLAND MEDICAL JOURNAL.

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VOL. III.

BALTIMORE, AUGUST, 1878.

No. 4.

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## ORIGINAL PAPERS.

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### NON-IDENTITY OF CROUP AND DIPHTHERIA.

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*(Read before, and published by request of the Baltimore Medical Association.)*

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BY J. R. QUINAN, M. D., BALTIMORE.

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Are 'pseudo-membranous Croup' and 'Diphtheria' different names for *distinct* diseases, or are they merely different names for different forms of the *same* disease? In short, are they identical diseases or not?

I invite your attention to the discussion of this question, one which has for a long time agitated the medical world, and not yet obtained a satisfactory and harmonious solution. I select the topic, however, less on account of its scientific interest, than because of its important practical bearing in the treatment of two of our most formidable diseases.

Our literature teems, as you know, with opinions on this subject wholly irreconcilable and conflicting, yet it is none the less imperative on us as practitioners, to decide, according to the best light we can obtain, on which side the weight of testimony leans. There is no alternative for us—no neutral position to take. We may range ourselves with the Unitists in believing that Croup is *asthenic* and but a form of Diphtheria, requiring the same supporting treatment, or with the Dualists in believing, on the contrary, that Croup is a distinct and *sthenic* inflammatory disease, requiring the promptest antiphlogistic treatment. I say we *may*, nay as practitioners we *must* adopt one, or the other of these

pathological extremes. There is no middle course—no choice of *similar* remedies to effect the *same* therapeutic end, but of opposing remedies to effect totally *different* ends. Hence our duty, and the vital importance to those entrusted to our professional care, of enlightening our judgment, not only by making ourselves familiar with all that our past or present literature on this subject teaches, but of submitting our individual experience to the friendly criticism of our brethren, and thus arriving, provisionally, at least, at the best solution of which this question, at present, admits. Like prudent mariners in the intervals of the storm, we must avail ourselves, from time to time, of the pauses in our professional work, which these meetings afford, to compare our clinical log-books, and thus, if need be, correct our course and take a new departure.

I do not however propose to reconcile the various views held in regard to the essential difference, or identity of these diseases “non nostrum est tantas componere lites,” but simply to examine the bearing which a comparison of their literature, etiology, symptoms and lesions may have in deciding the question at issue. Let me say, in advance, that my clinical acquaintance with these diseases was obtained under circumstances peculiarly favorable for their separate study and recognition. For the first eighteen years of my practice, in one of the lower counties of Maryland, I frequently encountered, not only the spasmodic and catarrhal forms of Croup, for the relief of which we often get so much undeserved credit from the laity, but occasionally also, the formidable, and fortunately rarer, primary pseudo-membranous variety, pure and simple, in all its naked hideousness, unmasked by any epidemic complication.

Diphtheria invaded our county for the first time in August 1862, and raged in an epidemic form, with more or less violence, 'till August 1864. It then was to me, and to the oldest practitioners of our county, a new disease. “Dira novi facies leti,” and, we might add with the poet, “Graviora leto”—for a more deadly pestilence, especially in its first onset, I never witnessed.

During this period I had not only a professional, but a mournful and deep personal, interest in studying its symptoms, as it

entered my own household and carried off three of my children at "one fell swoop"

Of the many whom I attended during its prevalence, I have kept an accurate record of fifty cases, whose history I shall take the liberty of citing, so far as it may elucidate the question under discussion.

#### HISTORY OF CROUP AND DIPHTHERIA.

Systematic writers on Croup express surprise that, notwithstanding the striking character of the symptoms and course of this disease, we have no notice of it earlier than the sixteenth century, (1576) when Baillou, as they assert, reported his post-mortem of a case. This statement is made by Home, Cheyne, and more recently by Squire, in an elaborate and otherwise well-written article on Croup in Reyn. Syst. of Med. 1870, and seems to be accepted as a fact. Cheyne attempts to account for it by saying "that formerly all the ailments of children were much neglected, and that even the most eminent physicians when called to children went with reluctance, judging their diseases to form a labyrinth for which they had no clue," and quotes Harris "*De Morbis Acutis Infantum*," 1742, to the same effect. This assertion, if true, would imply that either children in former ages were exempt from a disease, the production of which is due to causes that have been in constant operation since the world began, or that physicians did not think it important enough to notice! The palpable absurdity of either inference is its best refutation. If these writers instead of contenting themselves with repeating each other, had investigated the matter for themselves, they would have readily discovered their error in asserting that there was no recognition of the Croup before the sixteenth century, and that Baillou made the first autopsy of a case of this disease. No! "*Vixere fortes ante Agamemnona multi*"—many men before the French physician, whose acuteness of observation and power of description, in this and other diseases, have never been surpassed and seldom equalled by their successors of modern times. Baillou's words as given by Bonetus in his *Sepulchretum* (Vol. I, p. 484) are "*Chirurgus affirmavit se secuisse cadaver pueri ista difficili spiratione et morbo &c.*"—showing that Baillou merely

reports a dissection made by another. Whoever will take the trouble to examine the writings of the ancient and mediæval physicians, under the several headings of Catarrh, Coryza, Cynanche, Angina, Dyspnœa, Asthma, Polypus, Respiratio Laesa, Tussis, Apostema, etc., will be convinced that the disease in question was well known, well described and well treated long before the sixteenth century. (Vide Bibliographical references at the close of this paper from Hipp. to Baillou.)

To the physicians in Scotland, the cold bleak climate of which is especially productive of Croup, we are indebted for the earliest and best English monographs on this disease. The word "Croup" (as well as its older but now obsolete synonym, "Roup") meaning to croak, or cry with a hoarse voice, was confined to popular usage until 1713, when Dr. Blair of Edinburg, first employed it in a letter to Dr. Mead of England in regard to the epidemic and endemic diseases of his field of practice. The first English treatise on this disease was written by Dr. F. Home, and entitled "An Inquiry into the Nature, Causes and Cure of Croup," Edin. 1764, in which the author clearly recognizes its inflammatory and local character, and the necessity of free depletion. He carefully distinguishes primary true Croup from that occurring as a secondary complication in other diseases, which unfortunately has not been sufficiently observed, and hence the confusion of modern Pathologists.

Russel in his account of an Epidemic of Malignant Angina, 1793, was careful to follow Home's distinctions; as did Johnstone in 1779, Cheyne's classical work on Croup published also in Edinburg, in 1801, (of which, let me say, en passant, there is a fine copy in the Md. Med. Chir. Library, illustrated by the pencil of Sir Chas. Bell) is the production of an able physician and close observer and gives a very exact and faithful portraiture of True Primary Croup. The accuracy of his descriptions will be readily recognized by any one familiar with the disease, Cheyne's views were those of Home, as to the pathology and treatment of Croup, which he looked upon as totally distinct from Diphtheria. Twenty years later, with all his additional experience, his views remained the same, as appears by the article on Croup he contributed to

the Cyclopædia of Pract. Med, 1832. Cheyne expresses his surprise at the confusion of the French Pathologists, and adds "call it Cynanche Maligna, Diphtherite, Plastic Angina, Angine Couenneuse or Membranacea, or invent a new name, only let him (B.) not term it Croup, the title of another disease." His views of the essential difference of these two diseases are still maintained by a majority of physicians of Great Britain and America, while on the continent, and especially in France, the term "Croup" has been so widely extended in its applications to secondary complications of the larynx, that the word has lost all its former distinctive meaning and the disease been virtually ruled out of its individuality and rights of citizenship in the nosological domain.

The era of confusion in the nosological classification of Croup as a distinct disease, began in France, at least, when Bretonneau, after witnessing epidemics of malignant angina at Tours during 1818, '25 and '26, adopted the singular view that all diseases attended with pseudo-membranous exudation were pathologically the same, all anginas, simple or malignant, all—Croup—true or false—were varieties of Diphtheria—a word he coined from the Greek, Diphtheria, a membrane or pellicle! Everything having a pellicular exudation, including even scarlatina anginosa, was Diphtheria! "Croup was but the extreme degree of malignant angina." To quote the words of Guersant "M. Bretonneau a demonstre que l'angine maligne epidemique est une veritable inflammation pelliculaire, *semblable à celle du croup*. Il a prouvé ensuite, que ces *deux maladies identiques* quant aux *alterations pathologiques*, ne different que par rapport au siege qu'elles occupent." Such sweeping generalizations confound all nosological diagnosis, and are simply absurd. He surely never saw true Croup, or he would not have ventured to decry the labors of Home, Cheyne and others and assert that their valuable treatises "had suspended the progress of observation and become the cause of misapprehensions in subsequent writers."

The epidemics of malignant angina which Bretonneau witnessed and has so accurately described, and which he so unnecessarily designated by a new name, Diphtheria, were, as he has shown, no new disease, but can be traced from the earliest period, according

to him, even back to Homer's day. The annals of medicine are blackened with the recitals of its ravages from the age of Arataeus in the first century to the present time. We have an account of an epidemic at Rome A. D. 380, (Macrobius); Holland 1337, (Hecker); Holland again 1557, (Forrestus); Basle 1567, (Wier); Paris 1576, (Baillou); Spain 1610-11, (Villa Real, Mercatus, Nunez, Herrera); Italy and Sicily 1618-51, (Carnevala, Nola, Sgambati, Aquir, Alayma, Cortesius, Zacutus, Lusitanus, Severinus, et alii); 1659 Mass, (Mather's Magnalia b. iv, p. 156); 1731 Holland, (Hecker); 1724-6 France, (Webster's Hist. Ep. Vol. 1); 1735-6 Mass. and N. Hamp. colonies generally, (Douglass and Colden); 1739-43 England, (Fothergill); 1742 (Webster op. cit.); 1743-8 France, (Malouin Chomel); 1747 Italy, (Ghisi); 1747 France, (Arnault); 1748 France, (Squire); 1749 Ireland, (Webster's op. cit.); 1749 Wales, (Starr); 1751 Connecticut, (Webster op. cit.); 1751 Sweden, (Wilcke); 1755-62 Sweden, (Michælis); 1757 England, (Huxham); 1761 Sweden, (Rosen); 1768 France, (Grandvilliers); 1771-2 New York, (Bard); 1785-6 Europe, (Webster); 1818-21 France, (Bretonneau); 1813-21 Scotland, (Mackenzie); 1824 England, (Webster of Dalwich); 1824-6 France, (Bretonneau, Trousseau, Guersant, Isambert, Chomel, Andral, Rilliet, Barthez, Bouchut, Louis); 1840-1 France, (Boudet and Becquerel); 1847-9 Ohio (Welsh in Amer. J. Med. Sci. July, 1850); 1849-50 Wales, (Brown); 1850-55 Europe, (Squire); 1853 Africa and India, (Jackson); with armies in Crimea in 1855, (Haspel); 1855 Moscow, (Tussenkoff); 1855-57 Boulogne and Paris, (Archives General de Med.); 1856-7 California, (Fuorgeand Wooster); 1857-8 New York, (Boston Med. J., Vol. 59, p. 252); 1859 Australia, (Moore); Philadelphia and Baltimore 1860; Calvert county, Maryland 1862, (author); now endemic almost everywhere.

As some evidence of existing views of medical authorities as to the question at issue, so far, at least, as it can be inferred from the regulations of sanitary boards, which are generally supposed to represent the most advanced views of the profession, it is stated that in all England, in Glasgow, Dublin, Belfast, Brussels, Pesth, Vienna, Paris, Naples, Berlin, Breslau, Amsterdam, Copen-

hagen, St. Petersburg, Alexandria, and I believe by most of our own Boards of Health, the distinct and separate registration of Diphtheria and Croup is required, the former being classed as a "filth disease," and the latter not. In fact, there are only three or four cities, on the continent of Europe where this distinction is not observed; and in these Typhus and Typhoid Fevers are still unseparated. (*Boston Medical and Surgical Journal*.)

I would here remark also that while the majority of the French school adopted the doctrine of the identity of these diseases as taught by Bretonneau, there were in France many eminent exceptions, including M. M. Bricheteau, Desruelles, Emengard and Bland; and, further, "that the essays of M. M. Vieusseux and Jurine of Geneva, and of Albers of Bremen are among our most valuable contributions to our knowledge of Croup as an independent and distinct disease"—(Squire) although they were written in competition for the prize of 12,000 francs offered by Napoleon for the best essay on the tracheal complication of Diphtheria, or, as then called, Epidemic Croup.

An attentive perusal of the literature I have collated, warrants the conclusion; 1st, that an acute inflammation occurring sporadically, attacking the *lower* air-passages in children, involving the Larynx and Trachea, and sometimes Bronchi, and terminating, if not relieved, in speedy death by the formation of fibrinous exudation on the mucous membrane of the wind-pipe, has occurred and been described under various names, from the earliest ages to which the records of our art extend, and that this disease fully corresponds to the affection described by Home and Cheyne as primary or true Croup.

Secondly, That an acute specific affection, attacking preferably the *upper* air passages, chiefly the pharynx and fauces, epidemic, contagious, not confined to children; attended by rapidly-spreading exudation of a plastic character, in and on the mucous membrane of the throat, and occasionally extending to the larynx, with fever of a low type, and tending to fatal prostration and death by *asthenia*—has prevailed singly and in connection with other diseases, and been described under various names from the earliest age to which the records of our art extend, and that this

disease fully corresponds to the epidemic affection described by Bretonneau in 1821 and 1726, and by Trousseau, Guersant, and others under the name "Diphtheria."

Let us now compare these two diseases in regard to their causes, symptoms, lesions, etc.

#### ÆTIOLOGY.

True Croup is admitted by all observers to be dependent for its occurrence on atmospheric causes; to be more frequent in cold and moist climates, and during the months of January, February, March, April, November and December, (Copland, Cheyne, Jurine, Crawford, Rush, Michaelis, Double and Brichteau.) Mortuary statistics exhibit the same influence of season.

The following statistics which I have tabulated from the sources given, exhibit this connection very clearly.

#### CROUP AS TO SEASON.

Locality.	Period.	1st qr	2d qr.	3d qr.	4th q.	Authority.
London.	1844-53	95	81	68	92	Farr's General Reg. Tables—(Squire.)
do	1859, '60, '61,	485	373	315	502	do do do
Baltimore.	1876.	29	4	35	50	Dr. Steuart, Board of Health Com.
New York.	1837.	43	33	24	52	Statist. of N. Y. (Am. J. Med Sci. vol. 22, 38.
Totals.		652	491	442	696	
Quarterly per cent.		28.58	21.52	19.37	30.53	

The above shows clearly the influence of cold and moisture on the prevalence of Croup in winter and spring, when it reaps its harvest of death—while on the contrary Diphtheria is but little dependent on season if at all, as appears by the following table:

#### DIPHTHERIA AS TO SEASON.

Locality.	Period.	1st qr	2d qr.	3d qr.	4th qr	
London.	1859	(First Reg.	173	190	141	Farr's Reg. Tables (Squier)
do	1860			low'st	high't	Farr's Reg. Tables (Squire) (no fig. stat'd)
do	1861	139	159	168	231	do do do
Providence	1877	47	60	70	85	Trans. R. I. Med. So.
Baltimore.	1876	51	45	120	120	Dr. Steuart, Board of Health Com.
Calvert co. Md.	1862			20	30	(Author.)
Totals.			237	434	568	607

In 1861, embraced in above table, there was, as it shows, a gradually increasing mortality, throughout the year, although the winter of that year was exceedingly mild.—(Squire). Oertel noticing the indifference of Diphtheria to season, says: "Climatic influences, changes of weather etc., have but little weight in producing Diphtheria."—(Zeimssen.) The difference of the two diseases in this respect is very striking, while cold and moisture favor Croup—neither cold, nor heat, dryness nor humidity, elevated regions, nor low lands, moderate or abate, the deadly progress of Diphtheria. (Vide Hart, on Diphtheria (in loco.) London, 1859—Wooster, on Diphtheria in California—Boudet Arch. Gen'l de Med. 1742—tome III and Graham op. cit. p. 79.)

*Contagion.*—Primary Croup is never contagious. Diphtheria is communicable both by inoculation and infection. My notes furnish conclusive proof of it. They show instances of its communication in both modes; indirectly by an infected atmosphere, and *directly* from contact with the excretions of the sick. For instance, a child after returning home from Baltimore; where it contracted the disease, and while still sick with it, visits a relative seven miles distant and sleeps with one of the relative's children. This latter child three days after is attacked with the disease and dies. Thus occurred the first case in my neighborhood, and the second in my county. Again, a lady in full health visits a child sick with Diphtheria 10 (ten) miles off, returns home and in a week is herself seized. All the early cases I saw were thus traceable from house to house and the members of each were attacked in the order of their exposure to those affected. Again, one of my children having the disease in the nasal form, I desired to inject the posterior nares and for the purpose filed off the end of a silver catheter and adjusted it to the nozzle of a syringe. After trying it on the Diphtheritic case and finding it required an additional curvature, I bent it anew, and without reflecting on the danger, tested it on the throat of another child, at that time perfectly well and free from all evidence of the disease. In withdrawing the instrument from his throat the roughened point of the catheter scratched the palate slightly. The next morning he

complained of sore throat, and, upon examination, I found, to my surprise, a distinctly formed Diphtheritic deposit along the scratch on the palate, the false membrane hanging like a fringe a quarter of an inch long. The case of M. Herpin related by Bretonneau is similar, (vid. Traite de la Diphtherite.) Again, a female in my house who had occasion to wash the handkerchiefs used by two of my children sick with Diphtheria, found next morning a slight cut, which existed on one of her fingers, covered with a thick opaque, dirty-white pellicle, which was identical with the exudation of the disease. Our ability or inability to explain the essential *cause* of the disease, to isolate the *materies morbi* and show whether it be an animal or vegetable product—a living or dead germ—spore or micrococcus, does not affect the fact of contagion. The experiments of Von Trendelburg, Nasseloff, Eberth, Satterwaite and others show that animals can be fatally inoculated by the excretions of this disease. Trousseau, though a contagionist, failed to effect it; but as he identified Croup with Diphtheria, his single failure has no great weight, as for aught we know he may have experimented with the products of simple croup. Bretonneau and Guersant were full believers in its contagiousness. Beside the proofs I offer from my experience, your own memory can recall an instance where Baltimore lost one of her ablest Physicians in consequence of inoculating himself by blowing the mucus from the tracheotomy tube; which he did twice during the operation. I refer to the melancholy circumstances attending the death of Dr. Chas. Frick, who exhibited the disease the next day after the operation, (March 21 1860) and died on the fourth day after (See Md. Med. and Surg. J. Vol. xiv, p. 428). The deaths of Dr. Valleix, of France and of Dr. Adams, of Boston, are assigned to same cause.

*Type*--Primary Pseudo-Membranous Croup is a simple inflammation, and always, in its early stages at least, of *sthenic* type. This is the uniform testimony of all those who have observed it when it is uncomplicated with other diseases. The pulse is hard and strong in proportion to the intensity of the inflammation. On the contrary, Diphtheria is decidedly *asthenic*. My notes on this point say the circulation of the milder cases was but little affected; in the

severe it ranged from 100–140, but in all it was *feeble*, soft and fluctuating and often continued so, weeks after all other evidence of the disease had subsided.

Bretonneau and Trousseau decried depletion in Diphtheria as not only useless but injurious, though B., was in the beginning of the epidemic favorable to its employment, till experience corrected the error. I have no doubt however, that some of the cases B., treated were those of genuine Croup, otherwise we cannot understand the contradictory results he obtained. Take the following which he gives: “N. D., æt. 6, strong and plethoric; exposed to cold, and had first day, coryza, second day, dry, frequent short cough and vox ranca; tonsils and pharynx examined carefully; presented *no swelling nor spots*; great pain about larynx, increased on pressure; *no swelling of sub-maxillary glands*; pulse 110; cough soon became husky and presented a fearful resemblance to that of Croup; third day, dyspnœa, quick breathing and sibilant inspiration.

Treatment, twelve leeches to larynx and *bled copiously*. Breathing relieved, but cough still dry and croupy as before; ipecac mixture every hour till vomiting; cough now loose and rattling. Fourth day, muco-purulent expectoration and mitigation of fever; sixth day, convalescent.” This was either a case of genuine Croup, or its results disprove the correctness of B’s views as to V. S. Diphtheria would hardly have been benefited by such free depletion.

*Mortality.*—The destruction of life under puberty by both these diseases is enormous. Take the following statistics as an imperfect showing of the ravages of Croup.

Locality	Period.	Deaths from Croup.	Totals.	Authority.
England.	1838-63	95,000		Farr's Reg. Gen'l Tables.
Scotland.	7 years	6,982		Squire.
Ireland.	1864	1,936		Burke.
Total for Great Brit. & Ireland			103 908.	
N. York	1805-36	3,947		Emerson
Philadel.	1831-5	454		“
“	1835-45	1,149		Condie.
“	1876	376		Sanitarian.
Boston.	1811-20	387		Shattuck.
“	1821-30	2,205		“
“	1831-9	3,008		“
Baltimore	1814-18			
“	and			
“	1821-6	2,799		Shattuck.
“	836-49	1,054		Joynes.
“	1875-'76	301	15 680.	Steuart, Com. Health.
“	1875, 6, 7			
Total			119,388.	

The deaths from Croup in the whole United States according to the census of 1860, were for that year 15,188.

The mortality from Diphtheria during its epidemic prevalence is often greater than croup. During the years 1858, '9, '60 '61, '2 and '63, the deaths from Diphtheria in England alone, according to Squire and Farr, reached a total of 41,139; during 1858-9 alone the deaths were 20,000. The statistics for Baltimore in regard to the deaths from Diphtheria, kindly furnished me by Dr. Steuart, Health Commissioner do not extend farther back than 1875, in which year, the mortality was 108, in 1876, 146, and in 1877, 121 from this disease.

The proportionate mortality of Croup to seizures and also to the total mortality from all diseases is a point of some interest; though somewhat difficult to arrive at with accuracy, as statistics, especially since 1858, often include cases of croup under the heading of Diphtheria, and vice versa. In order to avoid this error I shall select cases of croup occurring before the date named, for the basis of computation.

#### DEATHS IN CROUP TO SEIZURES.

Cases.	Death.	Per'ct of Death.	Authority.
5	3	61 per ct.	Wilson of N. Hampshire Medical Repos.
3	1	33½	Middleton's Letter to Bayley
6	2	33½	J. F. Meigs American Jour. Med. Sci
4	1	25	Bayley.
3	2	66½	Jackson American Med Sci.
3	2	66½	[Author.]
24	11	45	
Death to Cases.		1 to 2, 17,	a little more than 45 per cent. in U. States
10	5	50	Chayne, Edin.
6	2	33½	Mills T. Dublin.
16	7		

Deaths to cases 1 to 2, 22 or a little over 43 per cent. in Scotland and Ireland. The above cases, though limited in number, are those of true, idiopathic, pseudo-membranous Croup, as their detailed history is given and the diagnosis well made out. The mortality they exhibit establishes the fact that genuine croup is more fatal here than in Scotland and Ireland at least, notwithstanding the generally received opinion to the contrary, and where a more favorable result is shown in a series of cases, there is ground for believing that the catarrhal or spasmodic form is included in the estimate. "Were every case considered as one of Croup, in which hoarseness of voice and peculiarity of cough

lead to the prompt and careful adoption of the means necessary to ward off the disease, we might under the most favorable hygienic conditions, come near to the hopeful conjecture of Dr. Wood, of Philadelphia, that one case in fifty only is fatal. The mortality estimated by Jurine of one in ten is probably nearer to what we " (in England) "experience," (Squire Reyn. Syst. Med. p. 94,) my data show that, a mortality of one half is not far from correct for fully developed cases.

The proportionate mortality of Diphtheria to seizures is even more difficult to estimate than that for Croup; since it varies with the character and malignancy of the epidemic; the age and constitution attacked, together with the greater or less tendency to laryngeal complication, etc. We have for instance, reports of some epidemics where *all* recover, (Dr. Dodge in Cornwall 1852) and of others where nearly *all* attacked, die (Boudet. Hop. des Infans.) nor is this fatality confined to modern times. Ætius Cletus speaking of the epidemic at Rome, (1636) says: "Morbus impuberes precipue invadit, tanta custrage, ut familiarum multarum *omnes* emori visi sint." Starr, describing the epidemic in Cornwall, (1749) says: "whole families of children have been swept off. Few, very few escaped." Cases taken indiscriminately from epidemics of varying severity, give the following results:

## DEATHS IN DIPHTHERIA TO SEIZURES.

Cases	Deaths.	per cent. of Deaths.	Authority.
51	17	33	Greenhow, [op. cit. p. 66.]
150	45	30	Ep. of Chateau Chinon, France, 1856, [Lemaire.]
120	10	835	Ep. of La Ferte Sur-Amance, 1856, [Lemaire.]
24		10	Ep. in Cornwall [Dodge]. 1852.
15	14	98	Ep. in Conn. [Beardsly] Boston Med. and Surg. Jour. 1859.
74	26	35	British Medical Journal, 1859.
29	18	62	Moynier, Paris, 1859.
45	9	20	Crichton, Edin.
37	35	94	Boudet, Hop. des Infants.
63	57	90	do do do
100	21	5	Rep. New Jersey Medical Society, 1876-'59
13.1	188	14 x	British Medical Journal, 1858, '59.
50	7	14	[Author] in Epid. Calv. Co., Md. 1862-'64.
2079	446	21.x	

Thus in 2,079 cases, of varying severity we have 446 deaths, or 21 per cent. or 1 in 46, cases 4, 6 or 46 in the 100. This is the nearest approximation to the average mortality of Diphtheria that my data supply.

The relative mortality of the two diseases to all deaths from all causes is next to be considered; this I find to be as follows:

Locality.	Period.	Total Deaths	Deaths from Diphth	Deaths from Croup.	Deaths in Diph. to all Dis.	Deaths in Croup to all Dis.	Authority.
England	1860-'63 [4 yrs]	1,768,238	21,139	21,401	1 in 82½	1 in 82	Farr's Tab.
Balto.	1875	7187	108	150	1 in 66 x	1 in 47 x	Dr Steuart H'lth Com.
"	1876	7259	146	101	1 in 49 x	1 in 71 x	do do do
"	1877	7785	121	59	1 in 64 x	1 in 155 x	do do do
Total		1 790 469	21 514	21 702	1 83 x	1 82 x	

The proportionate mortality of both diseases as affected by age is as follows:

In 100 cases of Croup, the deaths would be between birth and 5 years 89, and in 100 cases of Diphtheria 41; between 5-10 for Croup, 9-85 and for Diphtheria 24-5; 10 years and all beyond, for Croup 1-15, while for the same period for Diphtheria, it would be 34-5; showing a striking difference in the relative mortality as regards age. These numbers are the means between those furnished by Squire, and those deduced from 461 cases obtained from Flint. (Pract. Med.) and are I believe sufficiently correct to justify the inference that the maximum mortality of Croup, and Diphtheria is, between the ages of 3 and 5 years; the minimum mortality of Croup is after 10 years, while 34-5 per cent. of the deaths in Diphtheria occur beyond that period.

The actual difference is still more apparent if we compare the *annual* mortality; thus—in 100 deaths from each disease, there would be in the first year of life, from Croup 13, from Diphtheria 9; in second year, Croup 25, Diphtheria 10-5; in the third year, Croup 22, Diphtheria 10-5; in the fourth year, Croup 16, Diphtheria 10; in the fifth year, Croup 11, Diphtheria 10; in the next five years from Croup 12-3; Diphtheria 25. Beyond 10 years, the remaining fraction,  $\frac{7}{10}$  will represent all the deaths from Croup, while the deaths in Diphtheria above 10 years and up to 35 years, would be nearly 19.

*Sex.*—More *boys* die in Croup, more *Girls* in Diphtheria. This is the uniform testimony of statistics; take the following:

Croup.	Total Deaths.	Boys.	Girls.	
"	30	22	8	Trousseau Jour. des Connois 2nd year. p 2, 1837.
"	25	17	8	Jausicowitch Bemerk uber den Croup, 1837.
"	9	5	4	Trans. Ala. Med. Asso. 1875.
"	4	4	0	Bayley.
"	252	144	108	Goelis.
"	119	72	47	Jurine.
"	90	55	35	Luzinsky.
Total	529	319	210, or 60 per cent of boys.	

Diphth.	Total Deaths.	Boys.	Girls.	
"	138	64	74	Thompson Brit. Med. Journal, 1858.
"	45	25	20	Crichton, Edinb.
"	18	8	10	Trans. Ala. Med. Asso. 1875.
"	12	5	7	Moynier, Paris, 1859.
"	24219	11229	1299	Farr's Tables, Engl. 1859-'62.
"	6.0	280	2.0	" " 1857
Total	25032	11611	13421 or 46 per cent. of boys.	

*Albuminuria*, in Croup rare. In Diphtheria common and sometimes before even local lesions of throat manifest themselves. My notes say in all the cases, I found more or less albumen, in grave cases it was excessive. It was the sole cause of a fatal issue in some cases after all other manifestations had ceased.

*Paralysis*—None in Croup, often in Diphtheria. The paralysis like the albumen does not seem dependent on the *extent* of the exudation, as it occurred in one of my cases when the latter was very slight. It offers another proof of the systemic character of the disease in contradistinction to the local character of Croup.

*Duration*—Croup usually terminates in four or five days either in recovery or death.

Diphtheria even in light and favorable cases, lasts two weeks, and often convalescence is protracted for three months or more.

*Second Attacks* in true Croup must be rare, as in a practice of twenty-five years in the same locality, I never saw a recurrence, (Vide Condie's Dis. Chil. p. 297,) while in diphtheria they are frequent, (Vid. Greenhow op. cit. p. 73).

*Syncope* and heart-clot, a frequent cause of death in Diphtheria, never in Croup.

*Exudation*—Primary Croup fatal from *apnœa*, caused principally by fibrinous exudation in *lower* air-passages, larynx and trachea, and sometimes Bronchi; Diphtheria fatal from *asthenia* caused by blood poisoning, in some cases with little or no exudation *anywhere*, and certainly none in the larynx, and in many cases fatal after all exudation has disappeared. In other words Croup

is a local inflammation, and, if fatal, kills by the usual product of inflammation, fibrinous exudation obstructing the respiration, whereas Diphtheria is a specific blood disorder, whose gravity is not proportionate to its local manifestations, which last usually occur first on the *upper* air passages, but may occur also on any part of the mucous tract or even on the cutaneous surface. In Croup the trachea and larynx are the *essential* seat; in Diphtheria the *accidental* seat of the exudation. The gravest and most pronounced form of Diphtheria is that in which the larynx is least involved (Trousseau) and death occurs without implicating the larynx or trachea at all. In Croup the inflammation of the wind-pipe and its obstruction is the *whole* disease: The tonsils and fauces were first to show the exudation in all my cases of Diphtheria, and, singular to say, invariably on the left tonsil first. This peculiarity in regard to the side of throat first involved, also marked an epidemic of Diphtheria occurring at Catskill, New York, as observed by E. C. Willard and others (Vide Med. Record New York, Jan. 26th, 1878).

*Exudation*—Its anatomico-pathological character. In Croup it lies *upon* the mucous membrane; in Diphtheria it forms *within* the sub-mucous tissue (Niemeyer Vol. 1 p. 15). Rokitansky says "neither during nor after the croupy process does mucous membrane suffer any material injury to its texture, and it never enters into an organic connection with the mucous membrane." Reindfleisch says "the pseudo membrane of Croup spontaneously separates since it is loosened by pus beneath it." Again, T. H. Green (Pathological and Morbid Anatomy 1871, p. 235), says "in Croup the exuded fibrine coagulates principally *upon* the membranes. This can readily be removed from the subjacent epithelial layers. In Diphtheria, however, the textural change differs from that in Croup, inasmuch as the sub mucous tissue becomes more extensively involved and the fibrine coagulates not only upon the surface, but more especially *within* the *substance* of the mucous membranes and hence it cannot be so readily removed. "Dr. Satterwaite in his microscopic examination of a false membranes in a fatal case of Diphtheria occurring in the practice" of Dr. J. L. Smith, of New York says: "The

boundary line between the false membrane and mucous surface could not be distinguished by the microscope, the net-work of the pseudo membrane extending into the mucous tissue." (Trans. Nat. Med. Conv. 1877). Dr. Seitz, professor in University of Munich, after a practice of forty years, where Diphtheria is almost endemic, has been led by his experience in the polyclinic and his observations of several hundred cases, besides studying the disease at Paris in 1867 and at Vienna in 1875, to the conviction "that the Diphtheritic pseudo membrane is composed of metamorphosed epithelia and sub epithelial mucous tissue; while in Croup it is composed of pus and fibrin (the product of the secretion of epithelium) and lies simply imposed upon the mucous membranes" (Centralblatt für die Medicinischen Wissenschaften, 1877; Boston Med and Surg. J. Mch. 1878).

Ertel (Zeimssen's Cyclop. Pract. Med. Vol. 1, p 570) says: "A pathologico-anatomical basis was first established for the diphtheritic process through the investigation of Virchow, who directed attention especially to the occurrence in Diphtheritic inflammation of an exudation *into* the substance of the mucous membranes; he also distinguished this type of inflammation from the *croupous*, in which the exudations lie *upon* the surface of the mucous membrane. (Vid. also Archiv. für Pathol. Anat. and Phys. B'd 1, Heft. 2, Virchow) Squire, in Reyn. Syst. Med. (Vol. 1, p. 93), says: "The false membrane of Croup differs from that formed during the specific inflammation of Diphtheria; both in its chemical and physiological relations; it is not simply fibrine, but consists of effused lymph in which the presence of albumen can always be chemically demonstrated; microscopically, it is a mass of cystoid corpuscles; it is not the result of an interstitial change in the substance of the mucous membrane, but an exudation from its vessels and glands, so that the structure of the membrane producing it remains singularly free from pathological injury." Albers of Bremen, agrees with him. Barthez and Rilliet, who represent the French school in confounding Croup and Diphtheria, finding cases which they could not reconcile with their idea of Diphtheria, ask may there not yet be a disease which presents so great a similitude to Croup," (i e; Diphtheria,) "that

it has been confounded with it by most authors?" Squire replies, "yes, that is what we term true Croup."

I have dwelt at some length in citing the opinions of our most eminent pathologists on this point, because of its differential importance and also because the believers in the *identity* of these diseases so frequently assert that no pathological distinction can be made out between the exudations occurring in the two diseases.

Physiognomy—In true Croup when the respiration is most obstructed and the terrible struggle for breath comes, the whole aspect of the case differs from that of Diphtheria with laryngeal complication, though death may be equally imminent in both. Instead of the agonizing, imploring looking for aid and the willingness to submit to any measures for relief, the child dying with Diphtheritic Croup is apathetic, makes no appeal for help by look, or gesture and even repels it, when offered. This remarkable difference in the expression struck me forcibly when I first witnessed it in 1862, and I have frequently noticed it since. I see Dr. H. Kenedy, of Dublin, in a recent article on the differential diagnosis of the two diseases calls attention to the same peculiarity. (Dub. J. Med. Sci. Feb. 1877).

To recapitulate—After sketching the literary history of Croup and Diphtheria, and calling your attention to the evidence it affords that both diseases existed and were known, under various names, to medical writers from the earliest ages, we then compared them in their clinical and pathological aspects, and arrive at the conviction, sustained by the highest medical authorities and corroborated by our own experience, that primary, true Croup and Diphtheria, as regards their ætiology contagiousness, type, mortality, duration, modes of death, local lesion, physiognomy, and accepted treatment, are essentially *non-identical* morbid processes; or to exhibit it in tabular form, their differences may be expressed as follows:

CROUP.	DIPHTHERIA.
Purely local disease.	General blood disease.
Non-specific in origin.	Specific in origin.
Generally sporadic.	Generally epidemic or endemic.

## CROUP.

Dependent on season.  
Most fatal to boys.  
Greatest mortality at 2 years of age and least beyond 10.  
Fatal only by apnoea.

Rarely attacks adults.  
Pulse generally strong and resisting.  
Never fatal without exudation.

Primary and characteristic seat of exudation, trachea, larynx or Bronchi.

Exudation never cutaneous.  
Exudation superimposed *on* the mucous membrane.  
Danger proportionate to the extent and persistency of exudation.

Recovery, if at all, speedy, without sequelæ.  
Albuminuria rare.  
No paralysis.  
Bears antiphlogistic treatment.

Seldom attacks more than once.  
Not inoculable.  
Never contagious or infectious.

## DIPHTHERIA.

Not dependent on season.  
Most fatal to girls.  
Greatest mortality, after ten years of age.  
Fatal often by asthenia without apnoea.

Often attacks adults.  
Pulse never strong, or resisting.  
Sometimes fatal without exudation, (Trousseau).

Primary and characteristic seat of exudation, pharynx, fauces and tonsils,

Exudation often cutaneous.  
Exudation *within* as well as on the mucous membrane.  
Danger not proportionate to the extent and persistency of exudation.

Recovery (if at all) slow and with sequelæ.  
Albuminuria frequent.  
Paralysis frequent.  
Does not bear antiphlogistic treatment.

Often attacks more than once.  
Is inocuable.  
Is contagious and infectious.

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## CONTRACTION OF THE PALMAR APONEUROSIS.

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Since the appearance of Dupuytren's Classical Lectures, on the subject of contracted fingers from shortening of the fascia of the palm, a number of examples have been recorded, the reporters in the main coinciding with the views of the celebrated French Surgeon. The method of treatment advised in the above Lectures has, however, been frequently attended by results the reverse of agreeable to both patient and operator, and the following instance of the affection in question is reported, as showing the result of subcutaneous section of the part at fault, together with such deductions as the clinical history of the case seems to warrant:

J. L., aged 38, strong, healthy, in good circumstances, came under treatment, May 7th, for contraction of fingers; present occupation that of a clerk, he feared lest increase in his deformity would interfere with his penmanship.

Twelve years ago, 1866, he joined a boat club and rowed daily for six months, often spending many hours on the water. During the following winter, he noticed that the palms of his hands remained callous, the skin being thickened, this he attributed to the continuous use of dumb-bells; until 1869 the skin of the palm slowly increased in thickness when inability to completely extend the little finger of either hand was noticed. At this time there existed a callosity over the 5th metacarpo-phalangeal joint of each hand, from this point when the finger was extended there came into view a cord extending towards the middle of the wrist. Thickening of the skin and retraction of the little finger continued to increase notwithstanding treatment of all sorts except tenotomy; he suffered no pain at any time. When seen by me the 4th finger of each hand was affected severely, the 3rd finger slightly; as the difference between the digits was of degree only the description of one will suffice for all.

4th finger of left hand is drawn into the palm, the 1st phalanx standing at right angles to its metacarpal, and cannot be further extended, it can be flexed however at patient's will. 2nd and 3rd phalanges freely moveable both in flexion and extension, this latter not to full extent. The skin of the palm is raised in three hard lumps, one over the 1st phalanx, the other two over the head of the corresponding metacarpal, separated from each other by the first transverse line of the palm; these eminences are moveable laterally when the finger is flexed, but become fixed on extension; from them towards the wrist runs a very stiff band, subcutaneous, which stands out as a bowstring, the finger being extended; the callosities are intimately joined to this band, higher up however the skin of the palm moves freely over it. Grasping the finger and making extension causes the palmaris longus above the annular ligament to become tense, but affects no other muscle of the forearm.

The case was considered a favorable one to determine how much of the deformity was due to skin implication and how much to fascial contraction. The 4th finger, of the left hand, the one described, was operated on as follows: The patient being etherised, the callosity over the 1st phalanx was freely divided, not subcutaneously, the 2nd callosity was then divided in the same way. This had the effect of permitting the 2nd and 3rd phalanges to be extended a little more than previously, but in no wise affected the 1st phalanx or the fascial band. This band extending from the finger to the centre of the wrist was then divided subcutaneously one inch above the metacarpo-phalangeal joint, it gave way with a decided crack, and the finger became almost straight. The skin of the palm unfolded as it were, and the separation between the divided ends of fascia could be plainly felt. Extension of the finger no longer caused the palmaris longus to become tense. A back splint was adjusted, a bladder of ice laid in the palm, and the two open wounds dressed with dry lint. The puncture made for cutting the fascia healed at once, the wounds resulting from the division of the thickened skin, in ten days, at which time gentle extension was adjusted.

At the present time, (6) six weeks after the operation, the

finger is straight, motion perfect, no instrument is worn, the thickened skin still remains, but has softened, become thinner, and causes no discomfort.

Extension after the operation was effected as follows: A glove finger, the end cut off, was worn on the affected finger, a piece of moderately thick rubber three inches long by three-fourths of an inch broad was slipped between the finger and the glove palmar surface, this by elasticity retained its position, exercised continuously gentle extending force, yet permitted at the same time flexion, at the will of the patient.

It should be mentioned that the semi-lunar foldings of skin usually seen in similar cases, and here present, entirely and at once disappeared when the fascia was divided.

The great grandfather of J. L., died at the age of (80) eighty years, being afflicted with rheumatic gout; with this exception none of his relatives have at any time suffered from either gout or rheumatism.

In the above case it is seen that thickening and induration of the skin was the earliest sign of the coming trouble, that this continuously increased yet not until three years later was extension of the finger interfered with; also it is seen that mechanical and other treatment was useless including free division of two out of three areas of indurated skin; until the palmar fascia going to the affected finger was divided when at once the deformity was rectified. It is impossible to attribute the contraction of the finger to any agent, other than the palmar fascia, notwithstanding the recent article by Baum, in the *Centralblatt für Chir.*, March 2nd, 1878, who contends strongly for the skin as the tissue at fault. I cannot doubt but that division of the thickened skin as practiced by me would have modified the position of the finger far more than it did, had there not been in existence, still the main cause of the vicious attitude; this opinion is justified by the result ensuing on the division of the fascia.

In the *Progress Medical*, May 12th, 1877 as given in the *New York Medical Record*, July 21st, 1877, is a good account by Richer of the dissection of a case of contracted Palmar Aponeurosis together with the microscopic appearances of the same, showing

increase of tendinous tissue as well as of elastic fibres, but nothing indicating the existence of an inflammatory process. While this was doubtless so, it would not nullify the supposition that such a process may have existed at a previous date. In the case of J. L. the history would seem to point to a traumatic cause giving rise to a subacute inflammation of the derma with sclerosis, followed by slow extension to the aponeurosis where subjacent, thus binding the two structures together, with subsequent contraction. Treatment instituted for the relief of Contracted Palmar Aponeurosis has been usually followed by results only moderately satisfactory. In severe cases Bardeleben, *Surgery* vol. iv, page 726; Bilioth *Surgical Pathology*, Hackley's translation, page 520, discountenance operative measures and consider the affection incurable. Without tenotomy such is undoubtedly the case. Where the finger is greatly drawn towards the palm and the skin and fascia extensively adherent, Erichsen, vol ii, p. 357, edition 1878, advises a long crucial incision through the skin, the flaps dissected back the fascial bands divided, or dissected off the sheaths of the tendons, etc. Baum, loc. cit recommends Busch's operation, raising a triangular skin flap, the base corresponding to the furrow between the finger and palm, dividing fibrous bands, etc. Dupuytren's operation is too well known to require description, as also that of Guyrand. All these measures effect the object desired but do so by means of an open wound more or less extensive, requiring appropriate treatment with the possible complication of suppuration in the palm.

The treatment in case of J. L., was that recommended for mild examples of the affection, but care was taken thoroughly to divide the fascia above its highest adhesion to the skin, a point in example under consideration not much below the middle of the palm. The relief obtained was so immediate, notwithstanding the blending of skin and tendon as to suggest the query whether the ill success hitherto so often attained was not due to the fact that tenotomy is executed too near to the diseased structures, so near, indeed, as not to allow separation of the ends of the divided aponeurosis in consequence of their intimate union with the skin.

The semilunar folds of skin which are present in this affection,

have the convexity towards the wrist showing that contraction of the palmar fascia takes place subsequent to its adhesion with the skin, if then the fascial band is divided above the upper adhesion, the obliteration of the folds as reported in J. L., offers strong testimony to the propriety of the procedure; equally also is it plain that any division of fascia distal to the adhesion will not smooth out the cutaneous folds. The operation of tenotomy or more correctly fasciotomy as advised, is simple, for the tense band stands out boldly, the finger being strongly extended even obliterating the hollow of the hand, thus offering additional weight in favor of the non implication of the flexor tendons proper.

Since the above was written the little finger of the right hand has been subjected to operation. The palmar fascia was divided subcutaneously proximal to the skin indurations; as the open wounds over the first phalanx were useless in the contraction of the left hand, they were omitted. When the tenotomy puncture was healed, three days, the rubber as already explained was adjusted and the patient allowed full use of the hand, the finger being straight.

The almost immediate extension of the finger after tenotomy is worthy of observation; owing to the open wounds after the first operation this was not attempted.



## CORRESPONDENCE.

NEW YORK, July 17th, 1878.

43 W. Thirty-Second St.

DRS. MANNING & ASHBY.

*Gentlemen.*—The *Philadelphia Medical Times* for March 2nd, 1878, contains a report of one of my lectures, given at Bellevue Hospital last winter, on "Fractures of the Shaft of the Femur in children;" in which I am made to say that these fractures are "always transverse" or nearly so, and that

fractures of the shaft in adults are "always oblique." I wish to correct this error of the reporter, and I have chosen your journal for this purpose, because your June number contains a paper from Dr. Bauer in which he refers to this report as giving my latest opinions upon this subject, and expressing his dissent. Dr. Bauer is correct in affirming that such opinions are unsound, and I may add, that I never have entertained them. In the *New York Medical Record* for December 2nd, 1877, to which Dr. Bauer also refers as his authority for my "latest teachings," I am reported as saying in relation to fracture of the shaft, in the adult, that it is "*almost always oblique*," (not *invariably* as stated by Dr. Bauer,) and in the same Journal, for Jan. 5th, 1878, in a report of my lecture on Fractures of the Shaft in children, occurs the following passage: "In adults, the fractures," (speaking of the shaft only,) "*are almost always oblique*," etc., etc. "while in children the fractures are *often nearly* transverse, denticulated, &c.," (not *invariably* as stated by Dr. Bauer).

The correspondents of these two journals reported the same lectures.

I presume Dr. Bauer did not read carefully the reports in the *New York Medical Record*, or he would at least have entertained a doubt what my opinions were. The *Record* contains a correct report, but the report in the *Times* is erroneous. My later opinions do not, therefore, differ from those which I have always held in relation to this matter, nor from those entertained by all other surgeons, including, probably, Dr. Bauer himself.

Very truly, yours,

FRANK H. HAMILTON.



## REPORTS OF CASES.

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SERVICE OF DR. TIFFANY,—UNIVERSITY HOSPITAL.

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REPORTED BY E. A. CHANCELLOR. M. D.

EPITHELIOMA OF RIGHT TESTIS.—Francis J. Wright, colored, 38 years old, married, weight 144 pounds, 5 feet 5 inches in height, habits very temperate, nervous constitution, born of strumous parents who died very young. When 15 years old noticed a slight swelling in the right groin which opened spontaneously, and sloughed freely, the sore healed up partially and then reopened, this occurred several times during the period of seven years; these symptoms were not accompanied with any pain, nor did they interfere with work. When 22 years old, the groin sloughed profusely, but healed within three months, and since has had no trouble in the right groin.

In August 1872 received a severe blow on right testicle which caused the testicle to swell to an immense size, liniments were used and medicines internally, but received little or no benefit therefrom. Both testicles were kept in a suspensory bandage for two years, but receiving no relief was thrown aside.

In the fall of 1874 the swollen testicle had diminished and now became very hard, and immovable beneath the skin—the left groin now commenced to discharge an offensive pus which improved rapidly after the 4th month and the sore healed but reopened in the spring of 1877, when occurred an ulcer on the right testis about the size of a silver dollar, elevated a little above the surrounding tissues, this grew rapidly outward, increasing perceptibly each month up to the 13th of May 1878, when the patient was admitted into hospital with an epithelioma of the right testis.

The tumor which had protruded through the integument, was deeply situated within the scrotum surrounded by the sharp, free and indurated edges of the skin which had the appearance of being everted, the tumor presented a reddish and ragged appearance, being covered by many small ulcerations and each ulcer filled with an ichorous matter, was oblong and very firm, measuring  $3\frac{1}{2}$  inches in length and  $2\frac{3}{4}$  inches in circumference.

On the 2nd day the thermo-cautery was used and the tumor extirpated with the loss of about one-half ounce of blood; patient was put upon cod liver oil and whiskey three times a day, and poultices were applied over the wound twice daily for several days.

The microscope revealed the characteristic structure of an epithelioma; concentric globes similar to the structure of an onion with a central space of granular matter, flattened cells each with its distinct nucleus, etc. Patient left hospital on June 10th, having gained flesh and strength, with an unfavorable prognosis.

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EXTIRPATION OF A LIPOMA.—Rachel Booze, colored, age 32, born of healthy parents and of a plethoric constitution, about the average height, weight 195 pounds. Came into hospital on April 15th, with a swelling in the left axilla which gave rise to great pain on pressure and had been a source of discomfort for several years. On examination a single circumscribed lipoma was diagnosed, which was freely movable beneath the connective tissue, in size it was much larger than an ordinary orange.

Enucleation being the only treatment at hand, an incision was made in the long axis of the tumor and was easily dissected from the parts around; the hemorrhage was very slight and lips of wound were brought together by silver sutures. The wound was dressed once daily with carbolized oil and oakum, the amount of sloughing was very small and patient was discharged from hospital on the eleventh day entirely cured.

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LACERATED TENDO ACHILLIS OF THE LEFT LEG.—Andrew Jamison, a mechanic, age 51, very stout and muscular, 5 feet 9½ inches, 185 pounds, was admitted into hospital on April 20th, with the following history. On the first day of March 1878, when about midway across one of the principle streets in the city, a horse that had broken loose happened to be in the rear and soon made a leap for patient, but missing him about four feet, the patient made a jump, heard something snap and fell flat upon the ground, here he remained perfectly unconscious for twenty minutes when he was carried to a house near, and afterwards taken to a hospital where he received the proper treatment and attention, remained there for six weeks, thinking himself well left hospital and returned home; but only a few days elapsed and he "strained his foot," as he expresses it, and came to this hospital, and

on the second day, two large foreign leeches were applied to back of the lower third of leg and the inflammation considerably reduced, leaving a distinct depression which was diagnosticated as a rupture of the tendon of Tendo Achillis.

The leg was put up in complete extension and plaster (stocking) bandage applied, leaving a free opening behind. The improvement was rapid and the plaster was removed on June 6th, with good results, patient able to walk on foot without the assistance of a cane. Discharged from hospital on June 14th, with free use of the foot.

Sulp. Cinchonidia in 5 grs., doses t. d. was directed for patient with occasionally an enema for bowels, wound was washed thoroughly twice daily with 2½ per cent. carbolized water; patient was entirely well on the 17th day.

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EXTIRPATION OF A SCIRRHUS CANCER OF BREAST.—Miss Catherine Q., age 34, though apparently very much older, 5 feet 3 inches in height; of a plethoric constitution, though a chronic dyspeptic for many years. The first symptoms that attracted the attention to the left breast was a severe bruise received on January 1875; while walking in the dark accidentally rushed against an open door striking the breast sideways, as she expresses it suffered considerable pain which was relieved by laudnum and the application of Stokes' Liniment. Three days afterwards noticed a little nodule size of a nut-meg—the ecchymosis had partially disappeared; six months later an enlargement size of a hen egg made its appearance, accompanied with sharp, lancinating pains which were relieved by medication and walking about. Finding that the cancer would not diminish in size, with the advice of the family physician she determined to have it removed after procrastinating for eighteen months; but notwithstanding her good intentions she applied to a "Cancer Doctor" who used medicines internally and strong escharotics externally.

Being made considerably worse by the latter treatment; she came to hospital on May 10th, with two deep ulcers, one had destroyed the entire nipple and the areola, the other (above the nipple) but not so deep and ragged

On the 14th instant, an incision was made diagonally across the breast from right to left and the cancer about the size of a small coconut enucleated, the small amount of hemorrhage being controlled by ligatures and torsion; a drainage tube 6½ inches in length, with nitches

here and there, was placed lengthwise in the wound and the lips of wound united by sutures.

INCISION OF TENDO ACHILLIS AND TREATMENT.—James Conley, a sailor, age 25, 5 feet 8 inches in height, weight 160 pounds, very healthy constitution, was admitted to hospital on February 7th, 1878 with an incised wound on back of left leg, the middle of the lower third, together with a complete separation of the tendo achillis, which resulted from the cut of a hatchet in the hands of a second mate, thrown a distance of twenty feet; the mishap occurred on the 5th, patient dressing his own wound during the interval, without the advice of a surgeon. On the 8th an examination was made and a deep longitudinal incision made parallel with the tendo achillis and to its outside several carbolized cat-gut sutures united the tendon and everything was done to promote the healing process. A plaster bandage was placed on foot and leg with a free opening behind, and was not accompanied with any appreciable amount of swelling; at the end of five weeks the tendon had united and wound fairly healed.

On March 13th, the patient stumbled and fell down a short flight of steps, breaking his crutch and lacerating the tendo achillis, the wound was freely opened and tendon again united by sutures.

An ordinary boot shape splint was placed on sides of the leg and the leg flexed on thigh and thus kept in this condition for six weeks, when the crutches were thrown a side and patient able to walk without a cane.



## TRANSLATIONS.

ONANISM? AND MASTURBATION IN VERY YOUNG CHILDREN.—By L. Fleischmann, (*Wiener Med. Presse*, 1878).

Two infants were brought under his observations. The first one, a girl 9 months old masturbated since she was 7 months old. She played with the genitals for a while, then produced friction by rubbing with the night-dress and finally brought on the orgasm by moving the body backwards and forwards. The expression of the face would be fixed and staring, and the cheeks would become perfectly pale. Such cases occur quite often now-a-days. The author found the privates red and swollen, yet without any inflammatory secretion.

The second child was a boy 13 months old.—Onanism was brought on by the nurse girl, in whose care he was placed at the age of six months. The nurse could stop his crying, putting his penis in her mouth, and the erection then produced caused him to acquire the habit of masturbation. By crossing his legs, and moving his body while sitting, an unmistakable orgasm was produced.

In the first instance a cure was effected by tying the hands behind the back, and in the second case the thighs were kept forcibly apart.

(In English there is a great difference between the terms Onanism and Masturbation.)

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WATER.—By Percy (*Revue de Litterature Medicale*).—This great physician, Percy, who was formerly surgeon-in-chief to the armies of the Moselle and Rhine, expressed the following ideas regarding the remedial agent that he considered the most useful:

Sydenham said he would renounce the practice of medicine if opium were taken from him. The author declares that he would do likewise if Water were denied him as a therapeutic agent. Water furnishes immense resources as a curative means.

Cold water modifies the play of organic fluid, gives tone to the nerves, reduces swelling, prevents inflammation according to the testimony of such authorities as Lombard, Tanchow, Jobert and others.

Warm water renders valuable service in the treatment of acute and chronic inflammation, intermittent fever, muscular pain and the like.

As a vapor, water produces numerous physiological effects which are used therapeutically to modify the circulation, the respiration and the function of nutrition.

Since under all conditions and at all temperatures, water possesses beneficial qualities, it would appear right to conclude that it has an universal patronage, but such is however, not the case. The majority of people content themselves with an occasional bath, and know but by hearsay of the physical vigor and mental activity which follows the constant use of water.

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SUBCUTANEOUS INJECTIONS OF CHLOROFORM IN THE TREATMENT OF PAIN.—E. Besnier (*Bullgerier de Therap.*)

M. Besnier conceived the plan of substituting the subcutaneous injection of chloroform for that of morphia with the object of calming local pain. Out of a great number of cases treated by him, none of

these injections have produced sharp pain or any local accident. The author finds that they are quite as soothing as morphia and further that they do not subject the patient to the dangers of acute or chronic morphinism. Bartholow, who used this method for neuralgia, always produced sharp pain and swelling. Besnier insists that the procedure is innocuous, and he would like to see the method more generally employed to allay local pain and pain at large.

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PHILOCARPIUM MURIATICUM.—By E. Ohms, (*St. Petersb. Med. Wochenschrift*, 1878).

Ohms found in his early investigations that Philocarpin had an intense diaphoretic and sialogogue effect. He gave warning that its use should be interdicted in heart disease, on account of its too energetic influence upon that organ. Experimental observations on lower animals prove that the effect is not produced by action on the sweat-glands only, but also by an influence it exerts on the nerve centres which control this function. The increased flow of tears is brought about by the action of the drug on the sympathetic nerve. It increases the flow from the bronchial mucous membrane and renders it more fluid. The increased secretion of saliva is not induced by peripheral irritation, but by direct influence upon the medulla oblongata. Philocarpin has very little action on the secretion of milk and urine, but it brings on peristaltic action by direct irritation of the ganglia of the alimentary canal.

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PROGNOSIS OF CEREBRAL HEMORRHAGE.—By Dr. Lapponi, (*Revue de Thermed. Chir.*)—Dr. Lapponi lays down the following aphorisms:

Cerebral apoplexy, in which coma continues for twenty-four hours, ought to be considered as a very discouraging case. This rule, which is generally true has some exceptions. If acts of yawning occur at short intervals the prognosis is essentially fatal. If apoplecia is complicated with paralysis of the buccinators, it is very grave for the seat of the hemorrhage is near the medulla oblongata. The presence of labio-glosso-pharyngeal paralysis renders the case still more hopeless. If emesis takes place half an hour after the attack, inevitable death may be predicted, for the vagus nerve is complicated, as Lussana has pointed out. Life is in danger, if paralysis of the larynx (vagus) or poluria (medulla oblongata) occur, or if there is marked lowering

in the temperature; if this fall is followed by an elevation of the body temperature death is certain.

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FEVER SIMULATED.—SELLERBECK,—(*Berlin Klin. Wochen't*, 1878).

Sellerbeck had a patient under observation who not only voluntarily hastened the pulse and the respiration, but elevated the temperature of the body by deceptive means. This was accomplished by filling the axilla with a portion of the night-dress, by placing the thermometer in a fold of it and then by keeping up a constant movement of the arm against the chest. The author proved this experimentally afterwards.

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PREPARATIONS OF ERGOT IN CARDIAC DISEASE.—By Massini (*Blatt. fur Schweizer Aerzte*, No. 21).—Taking his experience as a basis, Massini recommends ergot in simple hypertrophy and cardiac degeneration, when digitalis, administered for some time, produces no effect. On the contrary, ergot appears to have but little effect in valvular troubles.

Different preparations of the medicine were used, but the author prefers ergot obtained by maceration.

J. D. FISKE, M. D.



## RECENT PROGRESS IN GYNÆCOLOGY AND OBSTETRICS.

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BY B. F. LEONARD, M. D., FIRST CLINICAL ASSISTANT MARYLAND WOMAN'S HOSPITAL.

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A NEW FORM OF ELASTIC INTRA-UTERINE STEM.—Dr. Robt. Greenhalgh, (*Br. Med. J.* June 1st, 1878), notwithstanding the very adverse opinions as to the use of these stems, expressed in a recent discussion at the obstetrical society, Dr. G. is convinced there is an increasing tendency to employ them, and being at a loss to imagine how certain mechanical affections of the uterus can be otherwise satisfactorily treated he is compelled to assume the necessity of some such contrivance.

He refers to the remarkable success of Dr. Mackintosh, of Edinburgh, (1826-1836) in treating dysmenorrhœa by mechanical dilatation,

using common metallic bougies from a small silver probe to No. 14. "In twenty-seven women, twenty-four cures took place; of these eleven have since had children." In 1844, Sir Jas. Simpson introduced his permanent metallic stems. He stated that he usually found the stricture at the os internum and not at the os tincæ, a fact which many other observers have since verified.

In cases where the external os uteri is small, with conical neck, scanty flow indicating faulty development, little or no good is to be expected from purely mechanical treatment or from incision. In these cases the jointed galvanic stem is most useful. The dilators of various kinds are inefficient; sponge and sea-tangle tents are unsatisfactory, occasionally producing metritis, pelvic inflammation and abscess.

These facts led him to devise a stem, lately perfected. It consists of pure india-rubber tubing No. 13 catheter gauge, easily admitting the introduction of a large Simpson's sound,  $2\frac{1}{4}$  inches long, tapering at its upper or uterine end and armed with an oblong shield measuring  $1\frac{3}{4}$  inches from side to side and  $1\frac{1}{4}$  inches from back to front. In this shield are ten perforations to facilitate cleanliness. Three sixteenths of an inch from its upper extremity is a bulb 2 inches in circumference with four diamond-shaped slits which collapse when stretched on a dilator to facilitate introduction. When the stem is inserted and its retention secured, and the dilator removed, this bulb at once expands in the body of the womb, while permitting a ready escape of the uterine secretion. The whole being in one piece, there is no chance of separation. Though soft, elastic and easily bent, while out of the uterus it becomes sufficiently firm when pressed on all sides equally by the canal of the cervix to gradually overcome all flexions, except in cases where the uterus is bound down to the surrounding parts. Its action is not purely mechanical, for when worn for some time, the uterus becomes greatly reduced in size, due probably to the free exit of the secretions and the mucous discharge which usually persists during the retention of the stem.

The mechanical treatment should never be undertaken until all indications of active disease are removed and the uterus is reduced to a minimum of sensitiveness by rest, local depletions, hot vaginal injections, soothing suppositories and other measures, and a sound should be passed to ascertain how far the uterus is tolerant of local interference. In beginning the treatment he enjoins two to three days rest in bed and the use of the stem should be preceded by metallic sounds in increasing sizes.

He finds the stems most useful in dysmenorrhœa; flexions; strictures of the canal and orifice of the cervix; sterility (congenital and induced); certain cases of subinvolution; certain cases of interstitial fibroids of the uterus. He gives details of a number of interesting cases, all successful, for which we have not space.

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INDUCTION OF PREMATURE LABOR IN THE ALBUMINURIA OF PREGNANCY.—Dr. Fordyce Barker, (*Am. Jour. of Obs.* July 1878). There seems to be a growing tendency within a few year past in the profession in New York, to a frequent resort to the induction of premature labor in cases of albuminuria. Since 1876 he has had nine consultations to decide on its propriety. In eight of these cases pregnancy was allowed to go to term; the labors terminated happily without convulsions. The ninth case was a primipara, about eight months pregnant; urine scanty and highly albuminous; some swelling of the feet and ankles; no headache or pain, or nausea. He did not admit the necessity of inducing premature labor but the attending physician brought it on in two days and it terminated happily.

The necessity of premature labor is a duty in a limited class of cases of albuminuria, where it becomes necessary to save mother and child; but the necessity must be demonstrated by other symptoms than are found in the examination of the urine. The chief object to be attained is the prevention of convulsions. In a very large proportion of cases of albuminuria during pregnancy convulsions do not occur. Blot and Litzman found albumen in the urine in twenty per cent. of pregnant women, but other observers have found nothing like this proportion;—he believes it occurs only in about 4 per cent. (1 in 25). In 38,306 labors reported by English authors, convulsions occurred in 485 cases. Schroeder says eclampsia is met with once in about 500 deliveries. It varies in different years and in different localities. Cazeaux states that while serving as interne at Hotel Dieu, he saw three cases in 2,000 labors, but in four months in 1846 he had seven cases. Dr. B. in one day in the winter of 1870 saw three consultation cases and two cases in his service at Bellevue. On another day of the same week he saw three consultation cases.

No one will claim that there is such variation in frequency of albuminuria. He estimates that the frequency of albuminuria in pregnancy is 1 in 25; and the frequency of convulsions is 1 in 350; so the chances of convulsions in albuminuria seem to be as 1 to 14. But, recalling the fact that many cases of convulsions in labor occur

in patients where renal disturbance could not be detected until after the eclampsia, the chances of convulsions in albuminuria must be considerably less than the above estimate.

The views of Traube and Rosenstein as to the etiology of puerperal convulsions seem to be qualifiedly accepted by most recent writers on the subject, whether English, French or German. It cannot be doubted that the act of parturition and the consequent circulatory disturbances exert great influence in developing eclampsia. If, therefore, the chances of eclampsia in albuminuria be as 1 to 14, we have sound reasons to infer that the chances would be greatly increased by an induced labor. It can not be doubted that in a large number of cases of albuminuria, even where albuminuria has been the predisposing cause, its existence has not been recognized, nor has the patient received treatment for this affection previous to the convulsive explosion. Furthermore the evidence can not be questioned that in a considerable percentage of eclampsia the renal disturbances follow, but are not antecedent to the convulsions. Hence good reasoning would dictate that when the albuminuria has been detected, this morbid condition should be cured before labor if possible.

Hence two questions suggest themselves: First does parturition cure albuminuria and secure a probable immunity against convulsions? This can never be expected in those cases where the albumen is the result of structural changes in the kidney (Bright's disease). Probably in a majority of cases of the temporary albuminuria of pregnancy all evidences of renal trouble disappear rapidly after labor, but this does not always occur, as the two-following histories will show:

CASE 1. Dr. B. was called Jan. 27, 1877, in consultation with the view of inducing premature labor, but he was compelled to decline because of family affliction. He was again summoned on the morning of the 29th. He found the woman gasping for breath, with striking symptoms of pulmonary thrombosis; she died in half an hour. History: She was 20 years old, married thirteenth months; eight months pregnant; had been in good health except morning sickness, œdema and swelling of the extremities. On Jan. 25th, after a long drive she suddenly complained of dizziness and imperfect vision; had nausea and vomited; she had passed no urine during the day, but would not allow the use of a catheter. Albuminuria was suspected, and a consulting physician was called. She was given compound jalap powder, 3j with 5gr. calomel. In three hours she passed eight ounces urine; an hour later free cathartic action took place; then she slept well until

8 A. M. Urine was found to have sp. gr. 1.012 and to be fifty per cent albumen. Ordered 3j cit. potass. every third hour; 26th, other diuretics were ordered; her urine was increased but was seventy-five per cent. albumen; 27th, headache, nausea and free vomiting, she looked badly, was very weak; pulse small 120. A third physician was called; gave acetate potass 3ss with tinc. digital. 5 drops every third hour. In the evening there being no change, it was decided to induce labor by flexible catheter and hot douches. The labor being slight, no chloroform was used. An hour later she had a convulsion in three hours another severe convulsion; chloroform induced a comatose sleep until 2 o'clock, when she awoke and began to struggle for breath, pulse weak (140); death.

In this case the physicians agreed that the induction of premature labor was a great error. More efficient measures should have been perseveringly tried for relieving the renal disturbance before resorting to an operation.

CASE 2. Patient had been treated a few weeks before for albuminuria. It was entirely relieved but she was still very anemic. The labor was rather premature, spontaneous, easy and short. She did well until the second day, when she complained of being cross-eyed; pulse shockingly bad; no urine had passed since the evening before; by the catheter the bladder was found to contain but a couple of drachms. A carriage was immediately sent for Dr. B. He found her face, neck, hands and arms covered with an intense redness like malignant scarlet fever, but her temperature was only 99°, a convulsion came on almost immediately, but soon ceased after a hypoderm of  $\frac{1}{2}$  gr. morphia. The intense redness disappeared and the pulse improved, but the patient soon became unconscious and died in a few hours.

Experience has fully demonstrated the fact that the quantity of albumen in the urine bears no relation to the violence of the eclampsia. In both of these cases convulsions occurred after the labor. In the former case the kidneys were suddenly relieved of intense pressure and then followed an influx of blood in the half paralyzed renal vessels causing congestion, cerebral anæmia and severe œdema were the consequences of this condition of the kidneys. Cardiac asthenia necessarily resulted from the cerebral asthenia and, conditions of hyperinosis and inopexia already existing, pulmonary thrombosis naturally followed.

In the second case, there was complete ischuria from congestion, following the sudden removal of pressure from the kidneys.

2nd—Has experience demonstrated that treatment can be made effective in curing the temporary albuminuria of pregnancy?

He quotes Tyler Smith to the effect that he had never met with a case that resisted treatment unless it had been neglected until the close of gestation; and Dr. B. believes that if treatment is begun sufficiently early convulsions will occur in only a small percentage.

CASE 3. Patient eight months advanced in first pregnancy; loss of sight first noticed a few days previously—amaurosis nearly complete; patient weak, pulse 160; face œdematous; has headache, anorexia and occasional nausea; urine eighty-five per cent. albumen. Induction of labor was discussed but it was determined to try other treatment which consisted of bleeding to the extent of 20 oz., blisters to nape of neck and temples; 3 iss compound jalap powder every alternate morning, acetate potash and digitalis in full doses, and tinc. mur. iron and rigid milk diet. She lost strength during the first three days, but afterward her improvement was rapid. Her urine cleared up and in sixteen days her sight was fully restored. Her labor was somewhat premature; was complicated with adherent placenta and hemorrhage, but she finally recovered without having any convulsions.

This is the only case he has seen in which albuminuric amaurosis has disappeared before labor, though he has had several where sight was restored in varying periods after parturition.

It is now twenty-one years since Braun advocated the induction of premature labor in albuminuria; the suggestion was the result of his exclusive views as to the etiology of eclampsia. His German contemporaries criticised his proposal severely and of late years nothing has appeared from his pen relating to it. Spiegelberg in speaking of the treatment of the albuminuria of pregnancy, says,—“in its outbreak during pregnancy, an obstetrical treatment, especially the induction of labor, cannot be entertained.”

Dr. McLane, in the discussion of the same subject at the New York Obstetrical Society (*N. Y. Med. Journal*, June 1878), reports a fatal case. The patient was 32 years old; 7½ months pregnant; previous labors normal; had œdema and severe headache, urine contained large quantity of albumen. He advised induction of labor and it was done by a flexible catheter and hot douche. Two hours afterward patient had a mild convulsion; after it was over, he used chloroform and delivered by external manipulation. There was no uterine con-

traction and he allowed bleeding to extent of 12 ounces. In spite of chloroform she had convulsions 11 o'clock, 12-30, 2-10 and 2-30—the last two being very severe. "Ten minims Magendie's solution were given by hypoderm and the patient remained comatose until next morning. Then there was complete suppression of urine; she was put in the hot pack and  $\frac{3}{4}$  iv Squibbs' fld. ext. jaborandi given by enema. The result was a profuse sweating, followed by excessive salivation lasting 11 hours. In the afternoon the secretion of urine was free and found to contain only ten per cent. of albumen and a few hyaline casts. The next day five pints of urine were passed (ten per cent. albumen), a large quantity of milk and water was given by the mouth. The patient improved until 5 o'clock on the second morning when she was found to be cyanotic with rapid breathing, and died as suddenly as if she had been shot. Thrombosis probably caused death, but an autopsy was not allowed." Dr. McL. said the labor was induced as soon as possible after the condition was recognized. He thought robbing the blood of so much fluid by jaborandi might favor the formation of heart clot. He had been surprised to hear at the last meeting that the induction of labor in these cases was not considered good practice. When the amount of albumen approached fifty per cent. he would not hesitate. The entire time in this case from beginning the dilatation of the cervix to delivery was only thirty-five minutes.

Dr. Hanks believed later authorities would sustain Dr. McL. He thought it well to wait until it was evident that no improvement in the urine was taking place.

Dr. Noeggerath thought only thirteen to fourteen per cent. of pregnant women had albuminuria. It had been stated at a previous meeting that it was safe to treat albuminuria during pregnancy by saline diuretics. It was proper to induce labor under certain circumstances; two conditions were ominous, albuminuria with anæmia or hydræmia, albuminuria, with some severe nervous disturbance as severe headache or dimness of sight. Another dangerous class was in plethoric patients with full and hard pulse. If the patient was in ordinary health with slight amount of albumen in the urine there was no objection to the trial of remedies. There was only one reliable remedy—Farmer's treatment by skim milk. He had seen albumen diminish considerably in three days under its use. Another remedy he was astonished not to hear spoken of was chloral. He mentioned

a case where the albumen disappeared from the urine as long as chloral was given, it perhaps changed the character of the albumen.

Dr. McLane had tried the milk treatment in five cases without any success. He thought the amount of albumen in the urine could be approximately estimated by the test tube though Dr. Roberts asserts that the deposit in the test tube does not indicate the amount by twenty-five per cent.

Dr. Lusk thought Dr. McLane had acted judiciously in this case, but he was surprised that he should assume that the induction of labor in albuminuria was generally accepted as a rule of practice. This view was accepted by only a small minority and there was a good deal to be said on the other side. He would confine interference to cases where life was absolutely imperiled and the induction of labor gave the patient the only chance. In the majority of cases where there was only headache and dizziness and other symptoms betokening convulsions it was better to treat the conditions and wait, than to interfere.

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RAPID DILATATION OF THE FEMALE URETHRA IN THE DIAGNOSIS AND TREATMENT OF CHRONIC CYSTITIS.—W. H. Byford, M. D., (*Chicago Med. Journ. and Exam.*) Dr. B. gives details of several cases. The usual symptoms were well marked; inability to retain the urine for any length of time, sense of weight and tenesmus, burning and tenderness in the pubic region; external genitals, in one severe case, were excoriated and covered with mucus, with large urinary deposits on the labia and perineum. The treatment was to dilate the urethra to secure free discharge of the contents of the bladder, warm water (112° F.) injections and saline diuretics. The patient should be prepared for the operation of dilatation of the urethra by thoroughly emptying the alimentary canal, by a liberal use of the warm bath; afterward keep the external genitals scrupulously clean and use large injections of warm water twice a day with a double catheter. Before dilating, examine the pelvic cavity to see that there are no complications present, such as acute or chronic cellulitis, local peritonitis or a considerable amount of metritis. He knows one case, where peritonitis supervened and ended fatally.

The operation is simple and usually does not require more than ten minutes for its performance; avoid too much violence. Begin by pressing the end of the little finger against the meatus with gentleness, firmness and steadiness. In a short time the muscular fibres are felt beginning to relax and very soon they will permit the introduction of

the finger in this position for a few minutes, it should be withdrawn and the index finger introduced with the same precaution, giving the muscular fibres time to relax and permit the finger to enter, instead of urging it forward so rapidly as to rupture them.



## REPORTS OF SOCIETIES.

### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

(Reported for the *Maryland Medical Journal*.)

#### 281ST. REGULAR MEETING.

Dr. Caldwell reported a case, which had been diagnosticated as "*retinal epilepsy*" of Hughlings Jackson. A woman, 35 years of age, has had for six to eight weeks past a peculiar disturbance of vision, consisting in a momentary obscuration of sight, "as if a blanket were suddenly drawn across the eyes." Slight stupor followed the attacks, which are periodical and accompanied by headache.

Dr. Hartman reported the following case of *foreign body in the larynx*:

Wm. H., æt. 17 years, whilst returning from church the previous Sunday, was carrying a piece of palm-leaf between his lips, was laughing and talking when upon a sudden inspiration the leaf was drawn into his mouth and passed into the throat.

Suffered immediately with severe dyspnœa and pain in the larynx, followed by loss of voice. He saw several physicians, all of whom could feel the leaf, but could not remove it.

Was finally sent to me, and upon laryngoscopic examination, a piece of palm-leaf about two-and-half inches in length was seen, the thicker end being lodged in the left vallicula, between the left and middle glossi-epiglottic ligaments. Twisting around the epiglottis to the left, passing over the ary-epiglottidean ligament on the same side and hanging down into the glottis.

There was considerable congestion and œdema of all the surrounding tissues upon the left side of the larynx; attempt was made to remove the foreign body by a curved laryngeal probe, bent so as to form a hook at its end, which was passed beneath the leaf, but as soon as it was drawn up the leaf slipped out of the hook and immediately

flew back to its original position. Upon closer examination I found that the thick end of the palm was firmly held in the vallicula. A pair of short forceps was then passed down, and about one half of the leaf broken off and removed, the forceps were again introduced, the remainder of the leaf firmly seized and after one or two good pulls was removed entire.

The patient immediately expectorated about four ounces of blood and purulent matter. When all bleeding had ceased, I found that the thick end of the palm had been driven into the base of the tongue for a quarter of an inch, where it had been tightly held.

Rest and free use of ice were ordered. Saw the patient on the following morning, and nearly all unpleasant symptoms had disappeared. His voice being quite clear, no dyspnoea or pain, and before the third day he was discharged—well.

A case of intussusception was related by Dr. Monmonier. He could pass a rectal bougie into the bowel for a considerable distance but failed to give relief. He had proposed gastrotomy, but the patient's consent could not be obtained. The case ended fatally; at the post-mortem examination, bands of lymph, the remains of previous circumscribed peritonitis, were found encircling the ileum.

Dr. Monmonier also reported a case of injury in which the anterior tibial and the peroneal arteries had been wounded.

Dr. Hartman read reports of a series of *eight cases of intra-laryngeal growths* removed through the natural passages. In all the cases the operation was perfectly successful and followed by a complete restoration of all the functions of the larynx.

#### 282nd. REGULAR MEETING.

Biliary Calculi.—Dr. Cathell related the following case: A man, patient of Dr. Dodge, suffered from symptoms of biliary calculi. Dr. Dodge being sick, Dr. C. was called in. The patient was jaundiced and passed urine colored with bile pigments. Comatose a few days before death. The pain was intense, and of the peculiar character generally present in such cases. There were symptoms of hepatitis and abscess of the liver; no remedies used were of any avail. Gave chloral and chloroform, and used electricity, cupping and poultices. Relief from pain could only be obtained by the use of the most heroic measures, and even then was only temporary. In accordance with a request of the patient a post-mortem examination was made, and ten calculi found in the gall bladder and cystic duct. Seven of the calculi were in a cyst, the walls of which were not quite complete. The lar-

gest of the stones was impacted in the duct and was doubtless the cause of the symptoms and ultimately of death. The superior surface of the liver was occupied by twelve to fifteen abscesses ; no abscesses on the inferior surface of the liver which was congested. The patient had on previous occasions suffered from similar attacks which had been diagnosticated as ordinary colic. Dr. C., also related other cases of the same affection.

A number of similar cases were related by other members of the Society.

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### PROCEEDINGS OF THE BALTIMORE MEDICAL ASSOCIATION, JUNE 10TH, 1878.

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*Reported for the Maryland Medical Journal.*

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The meeting was called to order, by the President Dr. Neff, at the usual hour. The attendance was unusually large and the interest manifested in the discussions, was proportionately greater ; it was generally acknowledged, that this association, was not only the *oldest* but there was more interest exhibited and more good feeling among its individual members, than in any of the other local societies. This originates not only on account of the value of the papers which have been read during the past year, but also on account of the warm feeling existing among the individual members, and the hearty reception of new members.

After the usual routine business had been transacted, Dr. Tiffany reported an exceedingly interesting case of a girl, aged 18 years. She fell on a curb 4 years ago, striking the crest of the tibia. After one year a decided lump was perceptible. In three years it was the size of an orange. At this time (four years) it was even much greater. Dr. T., decided to amputate, which he did, making a long anterior and short posterior flap ; in five days it had healed. Dr. T. stated that he used two arterial and one venous ligature, and included synovial membrane in flap. Dr. Tiffany stated the growth to be a periosteal-osteo-sarcoma two feet in circumference at time of operation.

Dr. Morris was called on to report anything of interest which occurred during his attendance at the sessions of the American Medical Association. The doctor stated that he was entirely unprepared to make any remarks, nevertheless he entertained the members very

pleasantly for fifteen minutes at least, with reminiscences of the sessions of the National Association.

Dr. Taneyhill related a case of abortion and showed six weeks old foetus. When called to the case, he found the woman bleeding very profusely, the bedding saturated, patient sinking rapidly, speechless and pulseless. The Doctor immediately gave twenty minims of the fluid extract of ergot hypodermically, inserting the needle near umbilicus. The effect was almost instantaneous, the hemorrhage ceased, pulse returned, and the patient was soon able to converse with her friends. Dr. T., remarked that he always carried ergot, chloroform, Magendie's sol. morphia, and an emetic in his pockets, so that he might be prepared for any emergencies that might arise,

Dr. Morris said that he experienced great difficulty in securing a reliable preparation of the fluid extract of ergot. He has never failed with the extract prepared by "Jefferson" and has, of late, secured all that he makes use of from that druggist. Mr. Jefferson uses an ether percolate in conjunction with water etc.

Dr. Conrad entered into the discussion of the various methods of preparing the fluid extract of ergot, and expressed himself dissatisfied with the extract prepared with the ether solution, on account of it extracting too much of the fatty matter, and being wanting in the characteristic ergot odor.

Dr. W. F. A. Kemp, the appointed orator for the evening read an interesting paper on "Infantile Diet." In the course of his remarks, the doctor alluded to the necessity of properly prepared food, and the many ailments arising from an improper diet. The natural food provided by the mother may be inadequate to supply the child's wants, and from this cause many infants suffer, and it becomes very important for the physician to recognize this condition. Abnormal condition of the milk is also frequently overlooked by the medical attendant. Dr. K., remarked that he would confine himself to the discussion of the diet of children, who are deprived of the mother's milk "in toto," and are deprived of a wet nurse. It is unnecessary to consider how the child is to be fed, with a spoon or a nursing bottle, with a nipple constructed of this or that material, nor at what intervals the food shall be given, but merely to consider of what material or materials this food shall consist. "When we consider that nature has provided but one kind of food for the infant, and that of an animal kind. Milk, that food, is more easily digested than vegetable, which requires more time and more energetic action of the digestive organs, hence giving

rise to acidity and flatulence, and aggravating any disorder that may be present, the advising of what the artificial substitute may best be, *cannot always be predicted*, and it is often necessary to discover what is most suitable, by experiment."

We must consider in what way cow's milk may be treated, so that it will answer the requirements of the case; yet there are some who use goat's milk in preference to that of the cow. The doctor alluded to two cases in his practice where cow's milk failed, and goat's milk was made use of with satisfactory results. The discussion of the qualities of human and cow's milk ensued, and the views of Dr. Proutt and other high authorities quoted. Condensed milk was next considered, and, had been used, with satisfactory results in some cases, but the cow's milk was always to be preferred. The emulsifying of milk with bland substances, as gum, the mucilage of oat, barley or wheat, or shall we by the administration of Pepsin seek to accomplish our purpose? The doctor expressed himself dissatisfied with the latter and thought that its administration had been much abused. The food should not be pasty, but fluid more or less thickened as the requirements of the case may demand. Too much sugar tends to promote too great an amount of fermentation. The temperature at which the food should be taken next received attention, the popular prejudice in favor of warming was so great that it was very seldom that the parents could be persuaded to give the food cold, although high authorities had recommended it.

From among the numberless "infants' food" found at the drug stores. *Keasby* and *Mat'ison's*, Liebig's or imperial granum, a new article is called Gerber's food meets with ready sale. Ridges Nestles foods are largely used in this city. The Doctor in his closing remarks, alluded to the difficulty in following any general rule in regard to infants' diet.

Dr. John Morris, said that he never ordered the milk to be boiled, simply examined. He was dissatisfied with the effects of condensed milk. Pepsin was perfectly useless in infants. He used arrow root with success.

Dr. Uhler agreed with the previous speaker in regard to Pepsin, and had very little success with it, even in adults.

At this point as the hour was late, the discussion was dropped.

Dr. Alexander Hill will lead in debate on the subject of "Suicide" at the next meeting, the second (2nd) Monday in October.

WM. A. B. SELLMAN, M. D.,  
*Reporting Secretary.*

## ABSTRACTS AND SELECTIONS.

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AN ANATOMICAL REMEDY AGAINST RESPIRATORY OBSTRUCTION FROM THE TONGUE, EPIGLOTTIS, AND VELUM PALATI IN THREATENED APNŒA FROM ANÆSTHETICS OR OTHER CAUSES.—By Benjamin Howard, M. D., London, Eng. The object of the paper was to give the results of various and repeated investigations and experiments. The facts to be presented confirmed the alleged respiratory obstruction from the tongue, epiglottis, and velum palati in apparent death in the ordinary supine position, and showed how such obstruction was promoted by the customary elevation and flexion of the head and neck. Traction upon the tongue, however firm, might open the pharynx, which its retreat had closed, but nothing more; the epiglottis remained unlifted. Other facts were then presented, proving how, by simple position, all these obstructions were instantly and simultaneously removed. The position consisted in elevation of the thorax and complete extension backward of the head and neck. By this means the line of gravitation of the tongue was shifted from the back of the pharynx to the hard palate at or about its junction with the soft palate. The entire posterior wall of the pharynx was shifted backward; its anterior wall was shifted forward; thus, its antero-posterior diameter, as much as was possible, was throughout increased; while, by the shifting upward and backward of the nares, their entrance was brought more directly over and in a line with the course of the pharynx. The larynx being pulled downward and forward by the sterno-thyroidei muscles and fixed there, the extensive motion upward and backward of the lower jaw put upon the stretch the genio-hyoidei, myo-hyoidei, and anterior bellies of the digastric muscles, causing the hyoid bone, and, by means of the hyo-epiglottic ligament, the epiglottis, to share together the motion of the jaw. Thus, the epiglottis was instantly made vertical. The thyroid insertion of the palato-pharyngei muscles being brought downward and forward by the sterno-thyroidei and fixed; the palato-pharyngei muscles were put upon the stretch their whole length by the extensive movement upward and backward of the head; and thus the posterior pillars of the fauces, the arches of the palate, and the velum palati, into which latter membrane these muscles were inserted, were all pulled downward and forward; they were thus made tense and kept so. The velum being thus stretched some distance in front of the back of the pharynx, a post-oral air-way was secured, from which the tongue was doubly excluded. Hitherto, in

the treatment of apnoea and asphyxia, the tongue had been withdrawn only in those exceptional cases where a surgeon with forceps had been present. The means of complete elevation of the epiglottis in cases of apnoea has been hitherto unknown. The position described removed both these obstructions without assistant or instrument.

The author, from the facts given and from other experience, urged that always in the induction and condition of anæsthesia the head should rest rather lower than the shoulders. He also stated that complete extension backwards of the head and neck should be the first and instant measure in threatened or actual apnoea, both as a remedy and as the first step towards success in artificial respiration. The withdrawal of the tongue when practicable the author considered highly advantageous, though not necessary; but it should incur as little lowering of the inferior maxilla as convenient. Finally, the author claimed to have demonstrated that, contrary to the general belief, traction upon the tongue, however firm, can not materially elevate the epiglottis; that he had discovered a simple way by which (1) the tongue is excluded from the pharynx without manipulation; (2) the epiglottis is elevated vertically at will; (3) an unobstructed post-oral air-way is secured from the glottis to the nares—all of which is effected simultaneously by position alone. These facts had received corroboration from recent observations upon anæsthetized patients, and the author was glad to believe that, in averting apnoea, in restoring from apnoea, and in enabling various means of artificial respiration to be used more effectively, the simple position above directed will be a frequent means of saving human life.\*—*Brit. Med. Jour.*

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\*These facts have been demonstrated at King's College Hospital, at the Royal College of Surgeons of England, at Guy's Hospital, etc. After the earlier demonstrations, in view of the novelty and importance of the facts shown, statements that they had been satisfactorily seen were written by Dr. Gerald F. Yeo, Professor of Physiology, Mr. E. H. Howlett, House Surgeon, and several others of King's College. At a later date, the following statement was made:

"Guy's Hospital, Post-mortem Theatre, April 24th, 1878.—We have to day witnessed a demonstration by Dr. B. Howard, which showed: 1. That traction upon the tongue did not elevate the epiglottis (stirred it only and pulled it slightly forward); 2. That extension of the cervical spine upon itself and extension of the head upon the neck, with elevation of the lower jaw caused complete elevation to a vertical position of the epiglottis; tension of the velum palati preventing falling of the dorsum of the tongue upon the back of the pharynx, and insured an unobstructed passage from the glottis to the nares. (Signed) Thomas Bryant, Surgeon and Lecturer on Surgery; C. Hilton Fagge, M. D., Lecturer and Demonstrator of Pathology, etc.; F. A. Mahomed, M. D., Medical Registrar; C. J. Symonds, Demonstrator of Anatomy."

## COMPARISON OF THE RESULTS OF THE CÆSAREAN SECTION AND LAPARO-ELYTROTOMY IN NEW YORK.

*Editor New York Medical Journal*:—Sir—On the evening of March 21st, I read before the New York Academy of Medicine an essay entitled “Laparo-elytrotomy: a substitute for the Cæsarean Section.” In the discussion which followed the reading of this paper, Dr. T. C. Finnell declared that he had come to the meeting in doubt as to whether the Cæsarean section or laparo-elytrotomy held out the better chance for life to mother and child, and that he went away with the same doubt existing in his mind.

This statement, from so judicious and candid a practitioner, took me by surprise, and at once stimulated me to a search into the statistics of the Cæsarean section, as relating to New York and its suburbs. The result of the inquiry has been this—since the settlement of Manhattan island by the Dutch, and the incorporation of “Nieu Amsterdam” in 1621, only one successful Cæsarean operation has occurred! By successful, be it understood, I mean resulting in the survival of both mother and child. How many operations have been performed, neither I, nor any one else, can say. No better proof of this assertion can be given than an allusion to the fact that, while in an elaborate article by Dr. Robert P. Harris, in the April issue of the *American Journal of the Medical Sciences*, only three operations are accredited to this locality, there were, upon the rostrum at the Academy on the occasion just alluded to, three men, within a few feet of each other, who had together performed it seven times. Three of these operations Dr. Finnell reported in the debate of the night; one Dr. Barker performed; and three were performed by myself. I regret that the large meeting was not called upon for a *viva-voce* report of all the cases of which its members knew. My impression is that the number of which I had cognizance would certainly have been doubled.

It may, I think, be regarded as certain that, in over 250 years, whatever be the number of Cæsarean operations performed in New York, only one has resulted successfully for mother and child. Let us now compare these results with those of laparo-elytrotomy reported at the meeting alluded to. Four opera-

tions were performed upon women whose children were living when they were undertaken; in the fifth case the child had been previously perforated, and was surely dead. Four children were delivered alive and uninjured. Four women were viable at the time of operation; the fifth was moribund. Three survived, and are to-day in good health. Or, to state the matter in other words: at the time of operation four women and four children were viable, and, of these, three women and four children survived. Out of the eight lives put to the arbitrament of the procedure, seven were saved; and it must be borne in mind that the woman who died was almost moribund at the time that surgical interference was practiced.

I have neither time nor inclination to plunge into the unfathomable lake of statistics of the Cæsarean section. I take the small field in which laparo-elytrotomy has been performed, and compare the results of the two operations there; and, having done so, I cannot but reiterate my surprise that Dr. Finnell should not have been induced to look more favorably upon a procedure which had in eight years, the eight years too of its extreme infancy, produced treble the successes achieved by the other in over two centuries and a half.

A great deal of hope for the brilliant results to be achieved in the future by the Cæsarean section has been excited by the application to it of all the precautions practiced in ovariectomy. I share this hope, most cordially and devoutly; but it must be remembered that, during the last quarter of a century, the obstetric surgeon has been freely instructed, in reference to the matter, by the great results of Atlee, Wells, Keith, Koeberlè, Peaslee, Dunlap, and Kimball. A quarter of the 19th century is equal to the whole of the 18th, as far as medical progress is concerned; and results should long ago have been forthcoming.

I beg you and your readers to believe, however, that I am not pressing the adoption of this new operation upon the profession, but only its claims to being considered and tried. My wish is to prevent, if I can, its falling again, as it did in times past, into

oblivion, when it is capable of producing such results as have already been demonstrated.

Respectfully yours,

T. GAILLARD THOMAS, M. D.

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NON-INOCULABILITY OF THE SEMEN IN SYPHILIS.—Dr. Mireur, of Marseilles (*Annales de Dermatologie et de Syphilographie*, No. 6, Tome viii, 1877), gives an account of his researches on the above subject.

A syphilitic patient, aged 26, with characteristic indurated cicatrix of primary sore, multiple adenitis, papular roseola, mucous patches of mouth and anus, etc., and who had not undergone any specific treatment, consented to supply the material for inoculation. The semen obtained from this man was immediately inoculated on four healthy persons quite free from syphilitic antecedents. All the instruments used were new and perfectly clean.

The first two subjects were inoculated by three punctures made on each arm with a needle. On the third patient, a small blister was raised by means of ammonia on the right leg. Charpie dipped in the semen was then applied to the denuded dermis, and carefully kept in place for twenty-four hours. In the fourth case the epidermis at the upper and outer part of the left arm was removed by scraping, and three small transverse incisions were then made. Charpie thoroughly soaked in the seminal fluid was kept in contact with the wound for thirty-six hours.

The results of Dr. Mireur's experiments were the following : In the first two cases the punctures gave rise, a few hours afterwards, to slight local inflammation ; but next day all inflammatory action had disappeared, and only a small ecchymotic and scarcely appreciable mark at the site of each puncture was left. All traces disappeared about the fifteenth or sixteenth day. In the other two cases there were not even signs of local irritation, and the wounds rapidly healed. All four persons were minutely and regularly examined every day for more than six weeks, and were kept under attentive observation for about six months.

During this time not the slightest sign of syphilis, either local or constitutional, appeared in any of them. Two of the patients who were examined again, about a year after inoculation, confirmed, by their good state of health, the absolutely negative result of the experiment.—*London Med. Record*, Feb, 15, 1878.—*Monthly Abstract of Med. Science*.

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NASO-PHARYNGEAL POLYPUS REMOVED BY SAWING DOWN AND DEPRESSING THE NOSE.—Dr. David W. Cheever, in a clinical lecture published in the *Boston Medical and Surgical Journal*, contributes the following history of a case of this affection, and graphically describes the operation for its removal :

"Gentlemen,—The rare and interesting case I now bring before you is a boy, fifteen years of age. Symptoms of obstruction of the right nostril and pharynx have been present over a year. Eight months previously a pear-shaped fibroid polypus was removed by Dr. Mason, of Providence, by means of a looped ligature passed through the nose. The tumor soon reappeared. It can now be seen hanging down behind the soft palate. It nearly fills the pharynx, and the right nostril is obstructed. I have decided to attempt its removal by Ollier's operation, in preference to either Langenbeck's operation or my own, which is done by displacing the jaw.

"*Operation.* The patient was etherized. Starting at the root of the nose, over the frontal bone, midway between the eyes, an incision was made downward and outward by the side of the nose to the alar cartilage. A similar cut was made on the other side, both incisions reaching the bone. The blade of a small, straight saw was then laid flat on the forehead, and the nasal bones and vomer were sawed through down to the alar cartilages. The nose was now easily upset, and turned down upon the mouth. Next, the vomer was broken and bent by the finger over to the left side, and the inferior turbinated bone was cut away with bone forceps. There was now room enough in the left side of the nares to reach the tumor with the finger. It was found to be attached by a broad root to the bodies of the sphenoid and the right palate bones. It was scraped off the bones by the

periosteum scraper. Aided by the finger in the mouth it was delivered whole, and proved to be an oval fibroid, as large as a pullet's egg. The surface from which it grew was touched with nitric acid.

"The nose was now replaced, and the nasal bones were wired to the face by two wire sutures; the skin being carefully readjusted with one wire and seven silk sutures. It fitted perfectly. The nose was still farther supported by a horizontal strip of adhesive plaster.

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'November 20th. No discharge. Excellent result. Nose straight and perfect. Two linear scars on either side. Nares and throat clear and well. Voice normal."—*New Orleans Medical and Surgical Journal*, June 1878.



## EDITORIAL.

TRAVELLING.—Very few physicians have the time to travel and some, we regret to say, lack the means for necessary recreation; but many have found sufficient of both to go abroad this summer, and there are probably more American medical men in Europe now than was ever known at one time before. A few of them are unselfish enough to write very readable letters home, giving their impressions of European medical men and matters, which is quite a favor to the unfortunate "stay-at-homes." If anything more were needed to impress foreign brethren with our importance in the medical world the presence of so many of our representative men, who will reflect credit on the United States and the profession here, would be sufficient for the purpose.

APPOINTMENT.—At a recent meeting of the Faculty of the University of Maryland, Dr. J. L. Powell, of the United States army, was elected to the position of Resident Physician to the Baltimore Infirmary, to fill the vacancy occasioned by the resignation of the present incumbent.

Dr. Powell graduated at the University of Maryland in 1867, and resided in the Infirmary as Clinical Recorder and Ass't Resident Physician for some time after graduation. He entered the army as Assistant Surgeon, and has enjoyed several years of experience therein. During the past year Dr. Powell has been stationed at Fort McHenry near the city. He resigns his position in the army August 1st, and will at once enter upon duty at the Infirmary.

A REQUEST.—We constantly aim to improve the JOURNAL, and ask our friends and readers to do all they can to aid us. Write us all the medical news; anything pertaining to medicine or doctors; short, practical letters, or articles, on subjects of interest to the profession. Report to us all the deaths, marriages, appointments, changes, etc., in each locality. We want the latest news, as we desire to make the JOURNAL a vehicle of business, social and professional communication between doctors in all sections of the country. Do this, and we are your debtors—add \$3, for a year's subscription, for yourself or friend, and we will be doubly indebted therefor.

HONOR WELL BESTOWED.—At the last annual meeting of the Neurological Society, held in New York city, June 17th, Prof. F. T. Miles of this city, was elected President of the Society, for the year 1878 and '79. Prof. Miles is well known to the profession as a learned and able neurologist. The Society did well in selecting a gentleman of such large experience and ripe culture as its presiding officer for the coming year.

THE heated term of the past few weeks has driven a number of our physicians to the sea side and mountains, and not a few across the waters to the Paris Exposition. Notwithstanding the temperature has ranged among the nineties, for over two weeks, the health of our city has been remarkably good.

A CABLEGRAM announces the death of Prof. Karl Rokitansky, the celebrated anatomist and pathologist.

CORRECTION.—We publish a letter from Prof. Frank H. Hamilton, of New York, correcting an error of the reporters in regard to his opinions of fractures of the shaft of the femur in adults and children.

CONSOLIDATION.—*The Clinic* and *The Lancet* and *Observer*, have been merged into one publication which will be issued weekly and take the name of *The Cincinnati Lancet and Clinic*. This arrangement will doubtless enure to the advantage of all concerned.



## BRIEFS.

*Office Surgeon General, U. S. M. H. S., Washington, July, 27, 1878.*

ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT:

*New Orleans.*—About the 12th inst., cases of *Yellow Fever* began to occur in New Orleans; at first they were at one focus of inspection, only, but others soon appeared at different points, and up to yesterday

evening thirty-seven cases and seventeen deaths had been reported to the State Board of Health. So far the Board have been unable to trace the outbreak to foreign source. Carbolic acid disinfection is being vigorously carried out at all infected points, and the remarkable success which has attended the effort of the Board in this direction in the past few years gives hope of preventing the outbreak from assuming epidemic proportions. Three or four persons from New Orleans have died of yellow fever at points above that place on the Mississippi.

*Brooklyn.*—No new cases at Navy Yard since last Saturday's report.

*Key West.*—From 10th inst. to noon to-day six new cases of *Yellow Fever* in the harbor and three in the city have occurred.

*Havana.*—During week ended July 13th, there were ninety-seven deaths from *Yellow Fever* and twenty-two from *Smallpox*.

*Matanzas.*—Advices to 19th show increased cases, and increased rates of deaths.

*Japan.*—Occasional cases of *Cholera* during winter and spring to June 19th, 1878, at Yokohama and vicinity show the poison of the disease has survived the winter. The epidemic of last September, October and November extended to all parts of the empire with a mortality of 7.967 out of a total of 13,710 cases, or 581 deaths to 1,000 cases. No means yet instituted in Japan to prevent importation of the disease from China where it exists and where the famine furnishes most favorable conditions for its re-appearance in a more malignant form.\*

*Calcutta.*—Twenty-two deaths from *Cholera* during week ended May 25th.

*Bombay.*—Twenty-nine deaths from *Cholera* during week ended, May 28. Reports received from the places indicate good health.

JNO. M. WOODWORTH,  
Surgeon General U. S. Marine Hospital Service.

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BOTH of our local medical societies having suspended their meetings for the summer, we shall be able to devote more space to the publication of original and other communications. We solicit from our readers brief reports of interesting cases, particularly those bearing on the therapeutics of disease. Many excellent practitioners, especially those in the country districts, refrain altogether from sending

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\*Dr. D. B. Simmons, Chairman Health Board, Yokohama, etc.

reports to Journals because they think it necessary to write elaborate essays, and, not having at hand the works of reference so convenient to the city physician, the result is that the latter almost monopolizes journalistic literature. This course is a great mistake on the part of the country practitioners, who, as we all know, encounter some of the most interesting cases ever met in practice. Reports of these, showing the results of treatment, form by far the most acceptable character of reading matter to the mass of general practitioners, whose great aim is to cure disease in as short a time as possible. Knowing that it is a matter of pride to writers to see wide-spread quotation of their published matter, and in order to encourage such reports as we have indicated, we will state as the result of some years' editorial experience and observation, that the articles most generally and widely quoted are not the long, elaborately prepared essays, but the clear, condensed accounts of cases met in practice, and the effects of remedial agents upon them. Such terse epitomized reports we shall always be pleased to receive.

The above, from the *Cincinnati Lancet and Clinic*, so well applies to our case, with reference to the suspension of local societies, and so fitly conveys our opinion, with regard to concise reports, that we copy it entire, adopting it as our own, and ask the attention of our friends thereto.

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CREMATION SOCIETY.—About one hundred ladies and gentlemen assembled at Indianapolis, for the purpose of forming an association to encourage and foster the practice of cremation. Dr. B. W. Fletcher said the meeting was called in accordance with a petition handed him from over one hundred persons, asking that he take steps for a permanent organization. On motion, Mr. Eggart was made Chairman of the meeting, and Daniel Paine Secretary. Dr. J. L. Thompson read an interesting paper on Cremation, in which he expanded on its advantages, gave a description of its practical workings, and strongly recommended the formation of a permanent organization. A Committee of five was appointed to draft a constitution and by-laws.

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STEPHEN GOODELL, an inmate of the poor-house in York, Me., is 116 years old. His health, says the *Boston Post*, is a goodell better than it was thirty-six years ago, when he became a pauper.

## BOOKS AND PAMPHLETS.

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DANGERS OF COLOR-BLINDNESS IN RAILROAD EMPLOYEÉS AND PILOTS.—By B. Joy Jeffries, A. M., M. D.

AMPUTATIONS AND EXCISIONS OF THE CERVIX UTERI—THEIR INDICATIONS AND METHODS.—By J. Byrne, M. D., M. R. C. S. E., Surgeon in Chief of St. Mary's Hospital, for Diseases of Women, Brooklyn, N. Y.

SUB-SULPHATE OF IRON AS AN ANTISEPTIC IN THE SURGERY OF THE PELVIS.—By H. P. C. Wilson, M. D., Baltimore, Md.

YELLOW FEVER.—The Epidemic of 1876, in Savannah.—By J. C. LeHardy, M. D., Savannah.

NERVOUS DISEASES—THEIR DESCRIPTION AND TREATMENT.—By Allan McLane Hamilton, M. D., New York. Published by Henry C. Lea, Philadelphia. For sale by Cushing and Bailey, Baltimore, Md.

This volume of five hundred pages is devoted entirely to Nervous Diseases—their Description and Treatment. The different nervous diseases are taken up systematically and fully treated. The volume throughout is written in clear and practical language, and contains in brief all the salient points of clinical history, diagnosis, pathology and treatment of nervous diseases, recognized at the present day.

The work has been prepared with a view of meeting the wants of the student and general practitioner. Whenever necessary handsome illustrations are added to explain the text.

It is a volume which will supply a need long felt by the profession, and to Dr. Hamilton, the profession is indebted for this clear and able classification of nervous diseases and publication of uncommon merit.

FOWNES MANUAL OF CHEMISTRY—THEORETICAL AND PRACTICAL. Revised and corrected.—By Henry Watts, B. A. F. R. S. A new American from the Twelfth English Edition. Edited by Robert Bridges, M. D., Professor of Chemistry, in the Philadelphia College of Pharmacy. Published by Henry C. Lea, Philadelphia. For sale by Cushing & Bailey, Baltimore, Md.

The former editions of this valuable work are too well known to receive comment. There are few medical men of recent graduation who are not familiar with Fownes' Chemistry as a text book over which many studious hours have been spent, and brains made weary with the details of chemical science. The volume now before us contains all of the previous editions with much new matter, and represents the entire science of chemistry down to the present day.

The increase in the size of this work caused by the elaborate review of Mr. Watts led to its division in England into two volumes. In reprinting it by the use of very small but exceedingly clear type, it has been compressed into one volume.

The rapid editions through which this work has been carried, indicate how complete and thorough has been its progress in keeping pace with the rapid advances of chemical science.

As a manual of chemistry it is without a superior in any language.

**A MANUAL OF OPERATIVE SURGERY.**—By Lewis A. Stimson, B. A. (Yale) M. D., Surgeon to the Presbyterian Hospital, Professor of Pathology in the Medical Faculty of the University of the city of New York. Published by Henry C. Lea, Philadelphia. For sale by Cushing & Bailey, Baltimore, Md.

This volume is devoted entirely to operative surgery, and is intended to familiarize the student with the details of operations and the different modes of performing them. The work is handsomely illustrated and the descriptions are clear and well drawn. It is a clever and useful volume; every student should possess one. The preparation of this work does away with the necessity of pondering over larger works on surgery for descriptions of operations as it presents in a nut shell, just what is wanted by the surgeon without an elaborate search to find it.



## OBITUARY RECORD.

### IN MEMORIAM.

Died, on the 13th of June, 1878, at his residence near Port Deposit, in Cecil county, Maryland, John Evans, M. D., in the 68th year of his age.

During the last three or four years, Doctor Evans has suffered more or less from the effects of enlarged prostate, and was compelled to use the catheter during that period nearly every time he voided urine. He carried the instrument with him, and could very readily introduce it himself. His health otherwise appeared to be good; and he was able to attend to his practice in surgery and medicine, except, occasionally, when he would be confined to his house a few days with attacks of *cystitis*.

We may mention, in passing, that he had tried the use of the *Fluid Extract of Ergot*, prepared by Tilden and other reliable druggists very effectually, for long periods. This remedy has been highly lauded by Dr. Washington L. Atlee and others as almost a specific in enlarged prostate; yet, as he (Dr. E.,) stated in a letter written to myself only two or three weeks previous to his death, without any apparent benefit whatever.

Feeling that his infirmity was becoming aggravated by time, as is always the case in this malady, through the advice of his medical friends, Dr. Evans paid a visit to New York only about a week previous to his death, for the purpose of obtaining the advice of Dr. Van Buren and, perhaps, of one or two other celebrated physicians.

Returning to his home a few days before his decease, he complained to his friends of feeling very much exhausted and weakened down from the effects of the trip, and especially from the effects of having his *bladder and urethra thoroughly examined by sound and catheter* in the hands of the surgeons consulted. He never recovered from the irritation caused by the introduction of those instruments and the fatigue of the journey.

On Tuesday, two or three days after his return from New York, and two days before his death, he had a chill, as I was informed by my friend Dr. Bromwell, who saw him, followed by fever, which passed off during the evening. On the second day thereafter, Thursday, the day of his decease, he was attacked with another chill, though by no means of an alarming nature. His friend, Dr. Jamar, of Elkton, happened to call upon him on that day, without being aware that he was complaining more than usual. Dr. Jamar remained an hour or two, conversing with the patient during the greater part of the time, and when about taking his leave, Dr. Evans asked him if he thought a glass of milk would prove hurtful. The Doctor replied in the negative, called a servant and ordered a glass; and remained to see it taken. Dr. Evans had scarcely swallowed the milk, when he became

nauseated ; and, in his effort to vomit, fell back in a fatal syncope, and to the great horror of Dr. Jamar and the family, died in a few minutes without uttering a word, or giving any expression of pain.

Two or three of Doctor Evans' immediate family—brothers and sisters—have died of heart disease ; and it is now supposed that the deceased suffered from it in a masked form. We have no other theory by which we can account for the suddenness of his death.

Doctor Evans was a graduate of the University of Maryland, and was a life-long friend, and ardent admirer of the late Professor N. R. Smith. From that great Teacher and Practitioner, he drew his first inspirations in surgery, the practice of which has given him great local fame.

Soon after graduating, Doctor Evans settled, for the practice of his profession, in Havre de Grace, Harford County, Maryland. Being located immediately upon the railroad, where frequent accidents, incident to the running of the cars, occur he soon had an opportunity of practicing his favorite branch of the profession—surgery. It was not long until his fame in this department spread throughout Harford, Cecil, and adjoining counties ; and he was sent for, far and near, for the performance of amputations and other major operations.

He was a quiet, cool, perfectly self-possessed, and eminently successful operator. Indeed, had Doctor Evans enjoyed the opportunities afforded by large cities, he would, in all probability, have acquired a fame scarcely second to the late Professor Smith, and amassed competence far greater than the meager subsistence eked out of a country practice. In addition to Doctor Evans' great local celebrity as a surgeon, he also enjoyed quite a reputation as a successful practitioner of medicine proper ; and particularly was he relied upon in difficult cases of obstetrics.

Although occupying such an unquestioned eminence among his local brotherhood, he was remarkably kind, courteous, cordial and unassuming in his intercourse with them. They were all his *friends*. He gave advice, when asked by his medical friends, freely, and without reservation ; not appearing conscious of the great value his friends attached to it as coming from so truthful a man, who had acquired it through an extensive, patient, painstaking, and conscientious practice of more than forty-five years.

Five or six years before his death, Doctor Evans returned to his farm in Cecil County, and died in the old homestead in which he was born. He continued his connection with Havre de Grace, we believe,

until his last illness ; keeping a consulting office there, which he visited, by means of the cars once or twice weekly.

His great popularity with the profession and with the people was shown by the large concourse that attended the funeral rites. Fully six hundred persons were present ; and among them forty or fifty physicians.

On the 29th of June, a special meeting of the *Medical Society of Harford County*, of which he was an active and valued member from its beginning, was called to take action regarding the loss of Doctor Evans, and to record the sentiments of love, honor and sorrow which we all have experienced in the life and in the death of this most excellent, this most noble man—*Doctor John Evans*.

The meeting was held at Havre de Grace, and was attended by a number of physicians from Cecil County.

The President, Dr. W. W. Hopkins, called the meeting to order, stated the sad circumstance under which it occurred ; and, on motion, appointed a committee of five to prepare Resolutions upon the death of Doctor Evans. The committee consisted of Drs. Forwood, Martin, Cochran, Wm. J. Evans and Smith. They reported the following resolutions, which were read, and unanimously adopted :

RESOLUTIONS ADOPTED BY THE MEDICAL SOCIETY OF HARFORD  
COUNTY, MARYLAND.

*Whereas*,—This Society having recently lost by the hand of death one of its most valued members, and, confessedly one of the ablest surgeons of our State, in the person of Doctor JOHN EVANS ;

*Therefore be it Resolved*,—That we place on record our testimony to his many virtues in his daily walk as a man, and our high estimation of his knowledge and skill as a physician and surgeon.

*Resolved*,—That while we are inconsolable for the great loss we have sustained in the death of our friend and fellow-laborer, Doctor Evans, we are yet thankful that his life was preserved so long as it was ; and the greatness of our sorrow is tempered with the knowledge that he accomplished so much good during his years upon earth ; and though his peculiar skill in his profession, afforded relief to the sufferings of thousands of his fellow-men, who now call blessings upon his memory.

*Resolved*,—That we shall always cherish his memory,—ever having found him a modest, unassuming gentleman, a true, warm-hearted friend, a sterling man, an honorable, upright citizen, and a physician and surgeon second to none,—whose loss can not easily be replaced

*Resolved*,—That while we tender our heart-felt sympathies to the sorrow-stricken widow and the orphan children,—for great, indeed, has been their loss,—with the assurance that many, many not connected by such close ties of relationship, sincerely mourn with them over the loss of a good and kind-hearted friend.

*Resolved*,—That the Secretary be instructed to furnish an engrossed copy of these resolutions to the family of the deceased; and copies for publication in the MARYLAND MEDICAL JOURNAL, The Philadelphia *Medical and Surgical Reporter*, and the newspapers of Harford and Cecil counties.

W. STUMP FORWOOD,  
*Secretary, Pro tem.*

After the reading of the resolutions, extended and appropriate remarks, highly complimentary of the life and character of the deceased, were made by Drs. Martin, Cochran and Forwood, of Harford county, and by Drs. Bromiwell, McCullough and Rowland of Cecil county. Remarks were also made by Mr. J. Thompson Freize, of Havre de Grace, a life-long, and most intimate friend of Dr. Evans from earliest childhood.

The honor, respect and sympathy which was so plainly manifested at this meeting would strike the most careless observer as to the fact of its being an occasion of no ordinary character. All felt that a great loss had befallen them; a loss which, in all probability, would never be supplied.

At the conclusion of the remarks the Society adjourned.

W. STUMP FORWOOD,  
*Secretary, Pro tem.*

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DR. JAMES J. COCKERILL, a prominent and honored physician of East Baltimore, died during the past month at the age of 64 years.

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DR. JAMES HUNTER, one of the oldest and best known physicians in Halifax county, North Carolina, died, at his home in Enfield, on the 7th of July in his 84th year.

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THE VENERABLE DR. JOHN WHITRIDGE, of this city, died in Rhode Island, about ten days ago. He was honored and respected by all.

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## ORIGINAL PAPERS.

### CAUSES OF SUDDEN DEATH IN THE PUERPERAL CONDITION.

BY C. H. JONES, M. D., OF BALTIMORE.

*(Read before the "Baltimore Medical Association," February 11th, 1878.)*

MR. PRESIDENT AND GENTLEMEN:

"I presume that the profession, generally, will readily concede the truth of the statement that no event, that can happen in the experience of a physician, presents a more alarming state than the occurrence of death immediately preceding or soon after parturition especially should such an event be sudden and unexpected."

The occurrence of this unfortunate accident is a source of special regret to the physician—often he is censured by her friends, and household, and the current of this prevailing sentiment is best borne by the physician whose professional prominence places him above all such inferences.

As we all have our share of obstetrical practice, it is well for us to bear in mind the possibility of such an unfortunate termination of our case; and it is therefore always well to bear in mind her special danger to disease and death, in consequence of the special condition under which she is placed.

By the puerperal state we are to understand, a condition relating to parturition and its consequences.

According to Byford the puerperal condition not only renders the patients susceptible to the effects of "morbific causes,"—but so modifies their effects as to give rise as a rule to the most appallingly rapid and destructive affections.

Her blood he says, is not in the most healthy condition, there is more water, white globules and fibrin, and less plastic in its composition, and enters into the rapidly destructive processes of asthenic inflammations.

Another item he says, is the condition of the blood in the retention of excrementitious substances, on account of the slow and imperfect elimination of the latter weeks of pregnancy, thus rendering it more likely to be deleteriously affected by anything that might increase this state of things.

During and soon after labor there is an excitable condition of the vascular, and a morbid susceptibility of the nervous system—Consequently impressions of a severe kind whether affecting the mind or body, is not met by the same vital resistance as at other times.

So much, for this partial view of the general pathology of the pregnant and parturient woman.

From these limited references to the pathology of pregnancy we are led to conclude, that this condition, whether physiological or not, very much increases the susceptibility to impressions, which may prove fatal especially during or soon after parturition.

I shall therefore refer to the most prominent causes of sudden death occurring during and after labor, and undertake to indicate the conditions that seem most likely to induce these several causes, and in doing this I propose to deal with facts,

AND NOT WITH THE EXPLANATION.

Prominent among the causes of sudden death in the Puerperal Condition stands,

UTERINE HÆMORRHAGE,

which may be of such an amount as to be the direct cause of sudden death. This accident may be a fatal complication of abortion, it may complicate premature labor, as well as labor at full term, indeed any period of gestation.

The causes of *puerperal* hemorrhage have been divided by Cazeaux into predisposing, determining, and the special causes.

It is no part of our purpose to consider the separate causes of hemorrhage occurring under this division.

It is sufficient for our purpose to say, that the source of uterine hemorrhage, thus occurring is due to separation of the placenta, partial, or complete, and probable rupture of the blood vessels attaching it to the uterus, and the danger of sudden death from hemorrhage, is greater the more advanced the time of gestation, that is to say: At the time of, and during labor, this is the case whether the hemorrhage be accidental, which may be the result of accidental causes; or unavoidable as placenta previa, and the danger from this form of hemorrhage is in proportion to the extent of the placenta, being attached over the os uteri, and sudden death may occur from this unfortunate condition at any period of utero-gestation, usually after the fourth month of pregnancy.

There is a form of uterine hemorrhage, known as internal or concealed, this may be the case before the completion of pregnancy, during labor, after the birth of the child, and before the delivery of the placenta, and sudden deaths under this condition have been known to occur, in a short time, and before the symptoms of hemorrhage had attracted any particular attention.

There is yet another condition in which a fatal hemorrhage may occur, and which does not bear the same relation to causes, as do those forms I have named.

I refer to the occurrence of hemorrhage after the birth of the child, and expulsion of the placenta, due to atony or absence of uterine contractions—a condition of secondary inertia. This form of hemorrhage may occur from a few hours, to several days after the completion of labor, cases are recorded of hemorrhage occurring eight and ten days after the delivery of the placenta. In my own experience I am reminded of two cases, one occurring on the *second* and the other on the *fourth* day, after a natural confinement, the hemorrhage in both of these cases was profuse, though not fatal.

This form of hemorrhage is less common in primipara, than in those who have had many children.

The danger of sudden death is increased should the hemorrhage take place soon after delivery, or during sleep.

The more prominent causes, predisposing to this form of hem-

orrhage, we name—labors that were exhausting, rendered so from being tedious, and difficult, as well as by a portion of placenta, or membranes, being retained in the os.

Fatal cases of post-partum hemorrhage it is said are more apt to occur in those who are subjects of the more advanced stages of Bright's disease.

It has been said also that the use of anæsthetics during parturition rendered the woman more liable to this form of hemorrhage. This is not in accordance with my own experience.

#### SYNCOPE.

We are to understand the term syncope to mean, as defined by Dunglison—a fainting fit, a swoon, a complete and sudden loss of sensation, and motion, with diminution or entire suspension of the pulsations of the heart, and respiratory movements, and like asphyxia may imply a state of suspended animation, due to the absence of the normal condition of the blood, through the pulmonary circulation.

If the possibility of death from such a cause as this be admitted, there is no reason why the puerperal woman may not be the subject of it. Parturition itself furnishes an increased liability to the occurrence of a fatal syncope.

The sudden removal, by the birth of the child, of the mechanical support of the abdominal vessels, especially so, should the uterus be suddenly emptied of its contents,—the existence of prostration, and high nervous and vascular excitability, due to violent and prolonged muscular efforts, exhaustions whether from profuse discharges from the stomach, bowels, uterus or skin, also by a sudden and too early change from the horizontal position. All of these conditions, which refer more directly to the act of parturition, have a tendency to diminish vital resistance, and thus play their part in the production of syncope.

The relation between syncope and nervous irritability is a settled fact.

We know that the action of the heart is influenced by “mental emotions,” and this influence is proportionate to the functional disturbance existing, or any organic change in its structure.

Any sudden and startling intelligence of an unpleasant nature Presentiment, as it has been termed, that her condition may prove fatal, excessive vomiting, offensive odors, or sights, anxiety, disappointment, or over heated rooms. All of the conditions that are likely to induce a fatal syncope in the parturient woman are very much influenced by a pre-existing condition of the system, during the puerperal state; especially so, if the functions of nutrition or innervation, should have been seriously involved.

Cases of sudden death from syncope occurring during or soon after labor, have been reported by Baudelucque, Mad. La. Chapelle and Cazeaux who says—there are many examples of sudden death from syncope on record, of which no other explanation can be given than such as attaches to the phenomena of labor.

Among the American authors, I may name, Elliot, Meigs, Hodge and Bedford, all of these are authors of eminent distinction.

#### PAIN,

When restricted to proper limits, is physiological in the act of parturition, and may rise to the dignity of being a means of diagnosis.

“It is an old romance that pain is the prayer of a nerve for healthy blood,” and I may here add that the pain of the parturient women, may be regarded as a prayer of the gravid-uterus for a speedy delivery of its contents.

Pain in the parturient condition may also be pathological, (it may by itself says Dr. Latham Kill;) it may overwhelm the nervous system by its magnitude and duration, it may thus exhaust vital force, and destroy organic structure. I have on several occasions seen pain so great and agonizing during labor, as to suggest the administration of an anæsthetic with the view of preventing serious consequences.

We are therefore warranted in the conclusion, that sudden death from pain, in the act of parturition, admits of a reasonable probability.

#### EMBOLISM,

By this term we are to understand a clot-formation, or “Death Polypi” Embolia, which constitutes a source of arterial ob-

struction, and are usually found after death either in the arteries of the brain, or heart. According to Flint they are found especially in the right cavities of the heart, because the blood accumulates in greater quantity in these cavities.

The occurrence of death from this condition, is usually sudden and unexpected, and is probably the "most frequent cause of sudden death during or soon after parturition."

The circumstances, attending the puerperal condition are favorable to embolism, there is a low specific gravity of the blood, from an excess of water, fewer red corpuscles, with a relative excess of fibrin. We are told that anæmia with its probable increase of fibrin, tends to relax the muscular walls of the heart and thus impair the force of the circulation.

The invasion of acute inflammation of the lungs, or of the veins as in phlegmasia dolens not an unfrequent sequelæ of parturition. The occurrence of severe convulsions, or the excessive loss of blood after delivery; any constitutional trouble causing a feebleness of the system. Pre-existing heart disease, or any other condition by which the current of blood becomes retarded. The occurrence of sudden death under these conditions, may often find its explanation in the presence of clot-formation in the heart or pulmonary artery, and this unfortunate termination of our case, may take place during or soon after labor.

I will use the term *acute puerperal septicæmia* or putrid blood, intending to convey the idea of an alteration in the circulating fluid, under the influence of a septic poison, and in its relation to parturition, shall consider it the offspring and product of the putrid disorganization of animal matter, originating either by decomposition of the lochia, or the absorption of portions of retained placenta, having undergone decomposition within the uterus.

The explanation, for the increased susceptibility to this form of septic infection, attacking the parturient woman, may be found, in the changed and morbid condition of the blood, due to pregnancy and parturition. This condition of the blood is much influenced by improper food, and bad hygiene; although death may not be absolutely sudden, nevertheless we feel justified in

the assertion, that a correctly diagnosed case of acute puerperal septicæmia, may be regarded as the equivalent of a death certificate.

I advance now, Mr. President, to the consideration of a cause of sudden deaths in the parturient woman, not less important, though perhaps less understood by the profession generally, than are those which I have named. I refer to the *entrance of air into the circulation through the uterine veins*. This is a matter that is presented to the profession in the interests of science and humanity.

The question of importance is not limited to obstetrics alone, but it is also included within the domain of Surgery, Therapeutics, and Medical Jurisprudence. The consideration of this subject in its general aspect forms no part of my purpose.

I shall address myself to the occurrence of this unfortunate accident, during and soon after the act of parturition.

In the preparation of this portion of my paper I have availed myself largely, of two very excellent and instructive articles—one of them to be found in *Rankin's Abstract* vol. xv, 1852, written by Dr. McClintock of Dublin, the other to be found in the *American Journal of the Medical Sciences*, January No., 1864, written by Dr. Greene, of Massachusetts. In these articles a number of cases are given touching this question, all of them should be received with respect, if not with authority.

Quoting from Dr. McClintock's paper, he remarks: To Dr. Rose Cormack belongs the praise of having elucidated this very obscure subject, and from his experiments and reasoning, together with subsequent observations, he draws the following conclusions:

1. That the admission of a certain quantity of air into the current of the circulation is capable of destroying life almost instantaneously. A fact which the records of surgical practice fully corroborates.

2. That the possibility of air occasionally finding an entrance into the vascular system through the uterine vessels seems highly probable.

- And 3. That in some few instances of sudden death soon after

delivery, the only cause for the catastrophe which minute inspection of the body could discover, was the existence of air in the heart and vena-cava.

We have all observed, in our experience of obstetrical practice, the sudden expulsion of air from the uterus, soon after delivery, a fact which Dr. Meig's says he has noticed a "great many times."

Dr. Cormack has made the same observation, and says, "I have therefore not only no difficulty in believing, but am constrained to admit that should any impediment be offered in such cases, to free exit of air by the os uteri, it must be forced into the uterine veins, were their mouths not protected by coagula, and thence it would rapidly pass by the current of the circulation up the vena-cava into the right auricle." We are informed that the veins of the gravid uterus, are of extraordinary large size, their freedom of inosculation, the total absence of valves, and their termination on the internal surface of the uterus, by large open orifices.

Dr. Cormack refers to seven cases, from different authentic sources, in all of which death was supposed to have been more or less directly occasioned by the passage of air through the uterine veins into the vena-cava and heart. In six of these cases the presence of air in the veins was demonstrated upon inspection of the body, and no one of these cases exhibited any other morbid lesion adequate to account for death, an event which took place within a very few hours after parturition.

Dr. Greene in his paper mentions that three cases were observed by Dr. Liver of Guy's Hospital, in all of them there was hemorrhage after delivery, and death in a few hours. Autopsy, air found in the uterine and other veins.

In the same paper reference is made to a case reported by M. Lionet, of a woman, age 27, natural labor, no hemorrhage. She soon became faint, breathed with difficulty, expired five hours after delivery, air was found in the heart and cerebral vessels.

Prof. Simpson reports a case in which death occurred two hours after delivery. Drs. Ramsbotham, and Churchill each reports a case.

In the *American Journal Medical Sciences*, (October number, 1857,) three cases were reported by Mr. May: 1st case occurred

during labor; 2nd case soon after delivery; 3rd case death occurred on the eighth day after natural delivery. Autopsy, in all of these disclosed the cause of death, viz; air in the venous circulation. These cases taken collectively, little doubt can be entertained as to the nature of this accident, and fairly places the spontaneous entrance of air, through the uterine veins, during or soon after parturition, among the unquestioned facts of medical science, and therefore suggests the importance of making special examination for its presence in all obscure cases of sudden death consequent upon parturition. The origin of these causes of sudden death to which I have referred, are more or less traceable directly to the puerperal condition—and therefore may be considered “Idiopathic.”

There are other causes of sudden death, not so intimately connected, with the puerperal woman, though rendered dangerous by this condition, these may be considered as intercurrent causes.

The existence of puerperal albuminuria, for example is, as a rule, only recognized during the last months of pregnancy. It by no means follows, however, that this marks the period at which it is first present in the urine, on the contrary its recognition is often delayed to that period, simply because the symptoms have not been such as to attract particular attention.

Clinical observation has shown that there exists an intimate relation between albuminuria, and puerperal eclampsia, especially before and during labor. It has also been shown that this form of convulsions, have frequently occurred, *without* the slightest trace of albumen having existed in the urine, and it is admitted by competent authority, that it holds the same relation to eclampsia, as it does to anasarca, either may exist with or without the presence of albuminuria. Should, however, *this form* of eclampsia occur, and death *not* result as a consequence, it may develop a “chronic condition,” known as uræmia, a toxæmic condition of the blood, with degenerative changes, or lesions, of the kidneys—and this condition may go on increasing, with all the destructive phenomena usually accompanying Bright’s disease. With these conditions existing, during the latter months of pregnancy, the occurrence of *uræmic convulsions* would be rendered

highly probable, and death as a consequence, though not necessarily sudden, would most certainly terminate the case.

Sudden death, in the puerperal condition, may result in consequence of preexisting organic heart disease, such as valvular lesions, aortic trouble, and fatty degeneration. It may also occur as a result of a rupture of a large aneurism.

Dr. Simpson refers to a case of sudden death, occurring during labor, from the rupture of a "hepatic abscess." These are conditions, however, that may have existed independent of the puerperal condition, and are therefore too remote, in their origin, to claim special consideration in this connection. The onset of the causes of sudden death, in the puerperal condition, is generally sudden, and often totally unexpected, and without the slightest premonition. For these and other reasons this entire subject presents itself to the profession, as a scientific and practical question, and, is therefore, worth the trouble of further investigation.

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## "BEAR WALLOW" SPRING, ORKNEY SPRINGS, VA.

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BY E. F. CORDELL, M. D., BALTIMORE.

*(Read before the Baltimore Academy of Medicine, May 21st, 1878.)*

If any apology be needed for bringing before the members of a medical society a subject of so unusual a nature as this, I trust it may be found in the value of the water and in the fact that this is scarcely known as yet to the profession at large ; moreover the approach of the hot season would seem to render it peculiarly fitted for presentation at this time, for you will soon be consulted by patients as to the most suitable place of resort for them, and it is possible that I may help you in answering their question by my representations to-night. My personal acquaintance with Orkney Springs, rests upon a residence there during the summer of 1876, when I filled the place of my lamented friend, Dr. Henry R. Noel, then too ill to leave home. I do not mean to claim, upon this short connection, complete acquaintance with the effects of the water, for which years of close study and observa-

tion would be required ; but, I think I am in a position at least to carry out the intention with which this paper was conceived ; which was to direct attention to the analysis of Prof. Mallet, of the University of Virginia, to point out the cases in which this analysis seems to indicate the use of the water and to confirm such theoretical considerations as far as possible by observed facts.

The Bear Wallow Spring is said to derive its name from the circumstance that, in the early settlement of the country, the bears from the neighboring mountains were seen wallowing in the marsh, which then occupied the low ground in the midst of which the spring is situated, and the old settlers (with some of whom I have conversed) declare that wounded and sick bears especially indulged in this species of mud bath, appearing to derive much satisfaction and benefit from it ; and indeed such a story is not altogether incredible if we reflect how instinct often leads even the dumb brute to see in the products of the earth the means of relief or cure.

About fifty years ago the water began to be used by the settlers for the cure of disease, at first only externally, since it was long thought to contain poisonous ingredients, which would render its internal use fatal. Children with scrofulous and cutaneous affections were brought there and bathed in the water, and adults made use of a plunge bath ; the mud containing the sediment from the water was also applied. Remarkable cures are said to have been effected by this mode of use. Baths are still taken and the sediment applied for external diseases, but I am unable to adduce anything to show the utility of such applications.

The temperature of the water is about  $58^{\circ}$  F., the supply, which I am unable to give exactly, is by no means copious, but amply sufficient for every purpose. The reaction is distinctly acid. The taste is pleasant, and slightly ferruginous. The chief ingredients are, sulphate of iron and sulphate of magnesia, the former being present in the proportion of  $5\frac{1}{2}$  grains, the latter very nearly 3 grains to the gallon ; the other saline ingredients (potassium, sodium, calcium, lithium, manganese, aluminum, ammonium,) are in the form of sulphate, except the

chlorides of sodium, potassium and ammonium, the phosphate of calcium, and a trace of iodide of sodium; there are also traces of arsenic and sulphate of copper, and free sulphuric acid is present in small quantity.

From this analysis it will be seen that the water is a strong chalybeate of the astringent kind, with marked laxative properties, the effect of the sulphate of magnesia being heightened by combination with sulphate of iron and free sulphuric acid; the other salts and the iodine, arsenic and copper no doubt contribute alterative, and tonic effects, which should likewise be taken into consideration. The composition of this water shows a strong analogy to that of Bedford Springs, Pa., which, however, contains the carbonate of iron and a much larger proportion of magnesia, and hence has greater purgative effect. We must not however form our opinion of the latter quality solely by the quantity of magnesia present, for not only is this heightened by the combination with sulphate of iron and free sulphuric acid as mentioned above, but also very greatly by free dilution and no doubt the perfect solution in which it here occurs aids materially in its effect. Dr. Fothergill\* in speaking of the value of free dilution in the administration of remedies says: "it is often remarked that natural waters of the chalybeate and alkaline classes effect good results when similar remedial agents given medicinally have distinctly failed and that too after long and persevering trial; the amount of water makes the difference."

Judged then by the analysis alone, we find in the water evidence of tonic, purgative, diuretic, diaphoretic, alterative and astringent qualities. Hence it would seem to be *especially* adapted to cases of debility associated with insufficient action of the bowels, to abnormal conditions of the blood, whether due to the presence of new and noxious elements, or to the absence of those which are essential to a healthy standard, to chronic discharges, congestions, etc., etc.

Among the diseases in which these conditions are found may be mentioned :

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\*Therapeutics, Philadelphia, 1877.

1. Those involving the blood and organs of circulation,—anæmia, chlorosis, leucocythæmia, jaundice, chronic lead-poisoning, the cachexia resulting from prolonged exposure to malarial poison, scrofula, constitutional syphilis, functional and organic affections of the heart, including fatty degeneration, convalescence from acute disease.

2. Those involving the respiratory system,—chronic bronchitis, chronic pneumonia, phthisis.

3. Those involving the nervous system,—hysteria, neuralgia, chorea, exophthalmic goitre, nervous asthenia.

4. Those involving the gastro-intestinal system,—dyspepsia, habitual constipation, chronic dysentery, piles, functional affections of the liver and bile-ducts, cirrhosis.

5. Those of genito-urinary apparatus,—albuminuria, hæmaturia, cystitis, catarrh, spermatorrhœa, gleet, and especially the diseases of those organs peculiar to females as amenorrhœa, menorrhagia, congestions and inflammations of the uterus and ovary, displacements, pelvic-cellulitis, etc.

6. Chronic cutaneous affections.

7. Dropsies, and fluid collections in the serous cavities resulting from chronic inflammation.

There is almost uniform agreement among those, both medical and non-medical persons, who have had the best opportunities to observe the effects of the water and have given their opinions as to its merits, of its very decided usefulness in dyspepsia, chronic skin diseases, all conditions accompanied by anæmia and debility, constipation, and above all in female uterine and pelvic diseases. Perhaps its greatest benefit will be experienced in the affections last named for which it seems theoretically admirably adapted, corresponding closely with combinations of remedies, which we so frequently and beneficially employ in such cases. In organic diseases of heart, kidneys and liver, it will probably be found a very serviceable agent; since the purgative- tonic association is so often desirable in their treatment, although if accompanied by dropsy the Bedford water is to be preferred, possessing so much more powerful purgative qualities. It is also highly commended in chronic discharges as leucorrhœa, diarrhœa, etc.; its utility

here cannot be doubted, although it must yield in value in such cases to the Rockbridge and other iron-alum waters.

The effects of the Bear Wallow water, according to my observations, corresponded with what was to be expected from a knowledge of its ingredients ; it heightened the appetite, promoted the digestive powers, gave tone and vigor to the muscular system, enriched the blood as shown by increased color, largely augmented the discharge of urine and perspiration; and caused the alvine discharges to become more frequent, copious and watery. Its effects upon the bowels were often prompt and striking ; I frequently saw copious purgation and symptoms of dysentery (frequent strainings with pain, passage of blood, mucus, etc.,) follow its imprudent or excessive use and in those who were old or weak extreme debility was thus produced. Headache and other unpleasant sensations about the head were not uncommon upon its first use, but on continuing it these symptoms rarely recurred. I also observed nausea and a disposition to drowsiness in some cases. The depurative action caused marked improvement in those with a bilious tendency, clearing the skin, rousing the dormant energy and faculties and producing a feeling of exhilaration which was peculiarly agreeable.

Among the cases in which I observed the use of the water to be followed by benefit was one of retroversion,—a young unmarried lady, a patient of Dr. Peaslee ; the improvement in her general condition as well as the individual symptoms was prompt and decided.

Another was an obstinate case of dyspepsia of several weeks standing, in a young merchant of this city, who before he came to the springs had had the advantage of the best medical advice without the least relief. His condition was most deplorable ; racked with violent gastric pains, ejecting everything introduced into his stomach, tormented by profuse secretion of acid and generation of gas, nervous, dejected in spirit, he was as wretched a creature as can well be conceived. Remedies of which many were tried gave only partial and transient relief. The water was drunk regularly and freely during his stay of about a month and under its use he improved greatly, and on his return to the city,

the improvement steadily continued, so that in a short time he had recovered completely and enjoyed better health than he had had for a long time.

And here I may be permitted to make a suggestion, based upon numerous observations,—that the benefit derivable from the use of natural waters is not always apparent during the time of taking, but often only exhibits itself or becomes marked when the invalid has returned home.

Other cases of chronic bronchitis, organic disease of the heart, abscess from carious bone, sciatica, habitual constipation, convalescence from acute disease and general debility, could be cited in which great benefit or complete restoration to health followed the use of the water.

The surroundings at Orkney, offer the best conditions possible for the enjoyment of all hygiene advantages, and whilst not in the least doubting the curative effects of the water, as a rule I should prize far higher, in the treatment of the diseases I have enumerated, the elevated situation (2,300 feet above tide-water), the pure, dry, mountain air, the cool nights undisturbed by mosquito, the delicious shade, the sublime scenery, the freedom from care, the gay and cheerful society and the fine walks and drives.

Not a small advantage, I conceive, is the comparatively level situation of the ground which enables weak persons or those suffering from affections involving a deficiency of breath,—such as phthisis, and heart disease, to exercise regularly without having to make abrupt ascents and descents; I witnessed the good effects of this very decidedly in some of the visitors.



## CORRESPONDENCE.

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### LACTOPEPTINE AND ITS USES.

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MESSRS EDITORS:

I wish to add my humble testimony to that of many prominent practitioners, as to the good results following the administration of that excellent pharmaceutical agent, Lactopeptine. I have prescribed it, in diseases of children caused by teething, when the little sufferers had nearly succumbed to the slow wasting of flesh, with the happiest results. In all diseases attended with indigestion I believe it an invaluable remedy, and those physicians who have used it in my opinion would hardly be without it if once they prescribed it in any of the various cases in which the remedy is indicated. I had a case of "sickness of pregnancy" of such an obstinate character, as nearly to come to the conclusion that abortion would have to be produced to save the lady's life. Oxalate of cerium, creasote, carbolic acid, etc., the whole line of remedies suggested, were unavailing. For several days no food nor drink was retained. Seeing that Lactopeptine had been recommended I commenced giving it in the usual doses, and applied mustard plasters between the shoulders, and soon my patient was better and recovered her usual appetite and could eat any kind of food without ill effects. I am sure, in the "sickness of pregnancy," the remedy will often prove of great service and would unhesitatingly recommend its trial in such cases.

G. E. MATTHEWS, M. D.

*Ringwood, N. C., Aug. 7th, 1878.*

## REPORTS OF CASES.

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### CITY HOSPITAL, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

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SURGICAL CLINIC OF PROF. THOMAS R. BROWN, M. D.

CASE I.—LIGATION OF FEMORAL ARTERY.—R. S., was admitted with the history of having been stabbed and of fainting almost immediately afterwards in consequence of the hemorrhage, which was described, by the physician who was near at hand, as being profuse and of a bright red color. While being brought to the hospital he fainted several times and at the time of admission he was in a state of shock ; pulse slow and feeble, respiration slow, skin covered with sweat, great exhaustion and a certain amount of mental hebetude. Patient had been drinking prior to the affray. Upon examination a long gash was found in the left thigh situated about its middle and somewhat to the outer side, measuring four inches in length. After the faintings and the application of a bandage above the seat of injury, the bleeding had ceased. In the light of the evidence a diagnosis of wound of the femoral artery, probably near Hunter's canal was made, and digital exploration under ether decided upon. Under influence of latter the hemorrhage was reëstablished, welling up from the lower end of the wound which was enlarged for about an inch additional through skin and superficial fascia. The blood was bright red and evidently came from a large vessel. The anæsthetic being continued, with free inhalations of ammonia to prevent impending death from alarming prostration, ligation of the femoral artery was determined upon. An incision two inches in length beginning a hand's breadth below Poupart's ligament and close to the internal border of the sartorius muscle, the limb being kept extended to make this muscle prominent, was carried through skin, superficial and deep fascia, exposing the middle cutaneous branch of anterior crural nerve lying near the border of the muscle. The leg was then flexed upon the thigh and the thigh upon the pelvis, while the limb rested upon its outer side. The femoral having been compressed against the pubis, the crural sheath was carefully opened and the artery brought into view, separated, and ligated with a stout silk ligature without the loss of a drop of blood. The sheath of the

femoral vessels was stained with blood which had probably regurgitated from below. Both the upper and lower wounds were closed with silver sutures. The entire limb was then enveloped in raw cotton and a drainage tube passed into the lower wound as far as possible. Under belladonna and whiskey, reaction was established in six hours after the operation.

An injection of carbolized water, 1 to 20, through the tube was ordered to be used twice a day, and salicylic acid in 20 grain doses three times a day. Some blood flowed from lower wound on the night of the first day. From Tuesday afternoon to Friday morning the condition of patient could not have been more satisfactory, pulse and temperature normal, appetite excellent and slept well. On Friday afternoon the pulse became very rapid, the thermometer in mouth marked  $103^{\circ}$ , and by nightfall the pupils were widely dilated, failing to respond to strong light, associated with restlessness and a tendency to delirium. The latter speedily became more marked and at midnight the delirium became violent and it was as much as two stalwart men could do to restrain him. Under morphia hypodermically, followed by chloral per rectum the excitement subsided and the pulse, which had disappeared from the wrist, returned. Patient died between 5 and 6 o'clock on Saturday morning of traumatic fever, having lived nearly four days from the time of injury.

*Notes at Autopsy.*—Five hours after death. Rigor mortis well marked; body well nourished. Two wounds, apparently incised, found on left thigh, the first parallel with and to the inner side of sartorius muscle, contained the ligature that led to the femoral artery. There was no adhesion between the lips of the wound. The second and lower wound measured five inches in length, all but the lower inch had healed. From the lower angle a few drops of light red fluid trickled. The lips of wound were separated and upon the vastus externus a quantity of dark offensive material, resembling blood clots, was seen. From this point, traced by a flexible catheter, passing inwards, downwards and backwards, a hole was discovered, large enough to admit the index finger. This hole passed above the vastus externus, neatly under the rectus, through the lower plane of fibres of the vastus internus and was lost in the substance of the adductor magnus. Tho' the popliteal space contained broken down blood clots, the hole could not be traced to that point. After dissection of the skin and reflection of the divided ends of rectus the whole tract of wound was found to be besmeared with blood clots. After division

of sartorius the femoral artery including the profunda femoris to the point of bifurcation, was dissected out from Poupart's ligament to where it becomes the popliteal. The superficial femoral from site of ligature to as far as the profunda above, a distance of about two and a-half inches, was filled with a firm clot. The ligature had already made a furrow in the coats of the vessel. At about the middle of Hunter's canal, a longitudinal opening in the artery, apparently one-quarter inch long, was plugged with a clot that had already formed adhesions. The anastomotica magna above the canal was not injured. The sheath of the internal saphenous nerve was infiltrated with blood for some distance above and below this point. All of the abdominal viscera were examined and excepting an unusual pallor, presented nothing abnormal. Lungs were healthy except at posterior inferior part of right lung where there was congestion. Both lungs floated on water. Pericardium contained a normal amount of fluid. Both the pulmonary arteries and the aorta contained long white coagula extending in the latter up into the carotids. Heart cavities entirely empty and organ sound. The skull was opened and brain found to be anæmic.

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CASE II.—STRANGULATED INGUINAL HERNIA, PUNCTURE OF INTESTINE.—John C., age 30 years, while lifting a heavy weight felt something give way and discovered a large swelling in right groin. Entered the hospital soon after when strangulated hernia was diagnosed. After a vain attempt to reduce the hernia which presented an unusual notch or groove below Poupart's ligament suggesting the co-existence of hydrocele, the scrotal part of the swelling was punctured and a quantity of light straw colored fluid escaped. Taxis was resumed under ether carried to relaxation, in the horizontal and inclined position but without avail. Herniotomy was performed and a very large knuckle of bright-cherry colored intestine (a part of the ileum) was put back. The two punctures in the intestine, surrounded by an areola of deep ecchymosis, were to be seen. The wound was closed by silver sutures, a graduated compress applied and retained by means of a spica bandage and the patient ordered opium gr. i every two hours. In one week the patient was well, never having had a pulse above 76, nor the slightest elevation of temperature. The suspicion as to hydrocele was not confirmed, the whole of the fluid having come from the hernia sac.

CASE III.—FRACTURE OF FINGERS WITH PROTRUSION OF FRAGMENTS AND EXTENSIVE LACERATION OF SOFT PARTS.—R. K., age 21, admitted to hospital immediately after injury, with the history of, while at work in a saw mill, having his left hand caught by a saw. The ring finger was almost completely severed at the distal end of first phalanx. The first phalanges of rest of fingers near their distal joints were obliquely fractured and smashed with the ends protruding through the soft parts, torn in their inner and outer sides. None of the extensor nor flexor tendons were detached. The fractures in the case of middle and little fingers extended into the joints. The wounds of soft parts were closed with silver wire, the fingers straightened and held in position by stiff paste board splints. The after treatment consisted in antiseptic dressings and renewal of splints. The latter were removed in 30 days and perfect union of bones was found to have taken place with an encouraging prospect of recovering the full use of the hand. This case illustrated in a marked manner the powers of repair so often observed in the hand and the necessity of allowing only *most extensive* damage to these very important members to justify a resort to amputation.

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CASE IV.—EXCISION OF PART OF INFERIOR MAXILLA.—Maria B., age about 30, mulatto, of good general health with certain symptoms which pointed obscurely to syphilis. Patient six years ago noticed a small tumor growing from the left side of lower jaw which soon attained sufficient size to interfere with mastication. This was removed by Prof. N. R. Smith. It soon recurred and when she attended the clinic of Dr. Brown, a mass filling the left side of mouth and pushing the cheek before it was seen, causing the deformity characteristic of such growths. It appeared to have sprung from between the lamellæ of the jaw near the molar teeth, which like the most of the teeth were in bad decay. An attempt was being made to strangle, with a piece of cord, the tumor at the time of the patient's first attendance. The patient was anæsthetized, and after the central and lateral incisors of left side were extracted an incision, L shaped, was made through the skin beginning behind the angle and ending under the lower lip in median line without dividing it. This flap was dissected clean of the bone and turned up over the face. A straight bistoury was entered underneath the jaw bone and the remaining attachments of soft parts were cut away. By means of saw and bone forceps the

jaw was divided opposite the two ends of the skin incisions. This left the most of the ramus for the purpose of preserving the configuration of the face. The upper and lower flaps were brought together and held by silver sutures.

The only vessel requiring a ligature was the facial artery. The recovery was slow but good, and the wound has now healed; the patient being apparently not inconvenienced by the loss. The tumor was an epulis of the sarcomatous variety, showing, under microscope, in the centre of mass, abundance of connective tissue with spindle and round cells and along the periphery normal epithelial cells and papillæ. In the midst of these epithelial cells almost invariably at the outer edge of the mass were numerous cells that present very strong resemblance to cartilage cells.

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CASE V.—URETHRAL STRICTURE OF LARGE CALIBRE IN SPONGY URETHRA WITH SPASMODIC MEMBRANOUS STRICTURE CAUSING VESICAL DISTENSION AND OVERFLOW. Robt. S., age 32, had gonorrhœa two years ago which was obstinate and followed by what was diagnosed as stricture. Bougies were passed by a physician from time to time with only temporary relief. In reply to questions answered that he had no difficulty in passing his water, on the contrary that he was making water all the time, passing but a small quantity, however, at a time. This had continued for months and the constant urination was so distressing as to have disturbed sleep and to have seriously undermined his health. At the time of admission his bladder was very much distended, extending nearly to the umbilicus and dilated from side to side as shown by percussion. He was placed under ether and a No. 10 silver catheter was passed into the bladder, the only obstruction encountered by this being at the membranous urethra which was nearly impassable at the beginning of the etherization, but yielded as the anæsthesia advanced. Immediately that the instrument entered the bladder, in fact before, the urine slightly ammoniacal flowed copiously. The quantity could not be measured but must have been well nigh three pints. Two strictures, two inches and one inch from meatus were divided to 34 F. with the meatus, and a No. 20 American steel sound measuring 34 millimeters was passed easily into the bladder. The patient was ordered cinchonid sulph. gr. 10, and morphia sulph. gr.  $\frac{1}{4}$ , immediately after the operation and repeated in six hours. The bleeding was slight and there was no

urethral fever. An attack of orchitis succeeded which yielded to treatment while the sound was being passed. All of the symptoms disappeared and up to date the patient's health is markedly improved.

In addition to the now quite frequently observed spasmodic retention due to spasmodic contraction of the deep urethra dependent upon organic strictures in front, which this case seems to show, there was also offered confirmation of Sir Henry Thompson's old saying that "*involuntary micturition indicates retention and not incontinence.*" From the patient's own account his micturition was clearly involuntary, and was simply the overflow of a distended bladder which, most probably, had not been entirely emptied for months.

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SERVICE OF J. EDWIN MICHAEL, M. D., UNIVERSITY HOSPITAL.

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REPORTED BY E. A. CHANCELLOR, M. D., ASS'T RESIDENT PHYSICIAN.

CIRCUMCISION FOR CHANCROIDS WITH PHIMOSIS.— CASE I. Geo. J. S., an American seaman, age 25 years, 5 feet 5 inches in height, weight 152 lbs. very robust and of a vigorous constitution, a man of intemperate habits, came to hospital on May 8th, with a bubo in the right groin which was opened soon after entering hospital, two soft chancres, one beneath the prepuce, the other on right side of foreskin, about the size of a finger nail—and a complete phimosis. The patient said he noticed the onset of the chancroid on the 16th day after coition, and six weeks after this noticed the bubo which was just two weeks before admission into hospital.

The operation of circumcision was performed on the 25th, without an anæsthetic, after the "*bloodless method*," the mucous membrane was united to the skin by several sutures which were removed on the 5th day; but, before applying the dressing of carbolized oil and cotton, the edges of wound were freely anointed with collodion to prevent auto-inoculation. The wound healed kindly and patient was discharged on June 17th, cured.

CASE II. James McL., an American seaman, age 21 years, 5 feet 3 inches in height, weight 147 lbs., very nervous and of an average constitution; entered hospital on April 29th, two weeks after the appearance of first symptoms, with a contracted prepuce (phimosis) which would not permit retraction. Three chancroids were visible on the outside of prepuce, also a gonorrhœa with the usual symptoms.

The seventh day after connection noticed one single sore on outer surface of prepuce which soon gave rise to two more. Such were the symptoms of the case demanding attention; application of black-wash on and beneath the prepuce was directed three times a day; the parts were kept scrupulously clean and the gonorrhœa received proper attention, tonics were prescribed internally to improve the digestive powers and produce an increase of nervous vigor. The above treatment was continued for four weeks, with little or no improvement of the chancroids or clap. but he had gained remarkably in health and strength during this interval.

On May the 28th after the administration of chloroform, the parts were thoroughly anointed with collodion and the operation done after the "*bloodless method*," the lips of wound were united as in the above case, the edges of wound were anointed with collodion and ice applied for several hours afterwards. The sutures were removed on the fourth day.—Seven chancroids were detected beneath the prepuce. The after dressing was simply cold water and carbolized cotton. June 4th, a large chancroidal ulcer had made its appearance on frænum præputum, which was touched with strong carbohc acid, the rest of wound having healed by first intent. No improvement in the gonorrhœa. June 10th, the whole line of incision became chancroidal which was speedily remedied by application of fuming nitric acid, and patient was discharged on the 24th, with a perfect penis.

CASE III. J. L. McL., English seaman, age 22, strong and healthy, though of very intemperate habits; admitted on May 29th, with six chancroids under the prepuce, which he first noticed on the 16th day after intercourse, no swelling in groin, no clap, but an incomplete phimosis. Black-wash and tonics were prescribed with slight improvement, yet the phimosis persisted. An injection of tannic acid  $\frac{3}{4}$  ij, and glycerine  $\frac{3}{4}$  ij, twice daily was ordered to be injected under the prepuce for three days preceding the operation, which was performed under chloroform, on June 4th as in the above cases. Nine (9) chancroids were found under the prepuce. Cold applications were continued for some time and the wound healed by first intent with the exception of a chancroid which appeared six days afterwards on the lips of wound behind the corona glandis, this was cured by nitric acid. Discharged on the 28th in perfect health with a respectable penis.

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EXCISION OF A SCIRRHUS OF THE BREAST.—Mrs. H. T. B., North Carolina, age 35, of a weak and nervous temperament, born of healthy

parents ; came into the hospital on June 11th, with a swelling of the right breast, which made its appearance in June 1876, the origin of the tumor could not be traced to any known cause ; but attracted attention by its severe pain which as a rule always came on at night. The operation was performed on the 13th by enucleation of the whole breast containing a tumor size of an orange ; pressure controlled the small amount of oozing and the wound was closed with sutures and broad adhesive strips, and dressed simply with a pad of oakum and the necessary bandage ; one-sixth of grain of morphia was given hypodermically without effect and was soon followed by thirty grains of chloral hydrate, with a happy result. The patient was up and walking about on the third day, and combed her hair with the right hand on the fourth day. The wound healed by first intent without any bad symptoms, with the exception of a few drops of laudable pus which was detected beneath one of the adhesive strips on the 6th day. The patient left the house on the 12th day, well.

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EXTIRPATION OF A MEDULLARY SARCOMA OF THE BREAST.—Mrs. Bertha Reily, white, age 46, of a very healthy constitution and phlegmatic temperament, a wash woman by trade ; admitted into hospital on Saturday, June 15th with a tumor of the breast. Three months ago noticed a tender spot on left breast above the nipple which was very painful on pressure ; this condition was supposed to be produced by friction of a pocket-book which she kept in the left side of her bosom ; the swelling increased rapidly even from the first day that it was noticed. The patient complained of a sharp pain of an intermittent character when at rest, which was relieved by the return to the wash-tub. The tumor was freely movable beneath the skin, very firm and nodulated, two other smaller glandular enlargements were also noticed in same breast, the entire breast together with the tumor was removed on day of entrance ; the hemorrhage which was very slight was controlled by one ligature and pressure, several sutures united the lips of the wound and were aided by adhesive strips ; the patient was put to bed and the wound dressed simply with a pad of oakum and a bandage without a drainage tube and without antiseptics other than the oakum, the patient improved rapidly from the first and on the third day the sutures were removed and wound washed with simple water, the lips of wound were closely approximated and

had healed by the first intent without inflammation or pus. On the seventh day the patient was perfectly well and left the hospital with a most beautiful result.

EXTERNAL HEMORRHOIDS TREATED BY CARBOLIC ACID.—Geo. W. D., sailor, age twenty-three (23), of a weak and phlegmatic temperament, admitted to hospital on April 13th, with three external piles, which he first noticed five weeks ago after going to stool. On examination the piles were found to be a collection of small tumors, very tense and apparently ready to burst; some were one inch in length, others one inch and a-half, round and of a pinkish hue; patient complained of a burning and itching sensation accompanied by a feeling of fulness on and after defecation, with a continued aching in rectum and in lumbo-sacral region. The patient was put at once on the following prescription:

R̄ Sulphuris Loti,	℥ iss.
Confect. Sennæ	℥ ij,
Potas Niträt.	℥ i,
Syr. Aurant. Cort.	℥ vi.—M.

Sig. Dessert-spoonful twice daily.

Cold applications were directed to be applied to the part several times during the day. On the 3rd day carbolie acid ℥j, aquæ dist. ℥j was prescribed of which twenty drops were to be injected with the hypodermic syringe, into three (3) of the tumors alternating every evening; the pain was almost unendurable; patient was put upon knees and hands and an assistant directed to hold him,—after repeated injections for ten days, the improvement was so rapid that the patient left the hospital on the 23rd, as the result of a partial cure. \* \* \*

As the treatment in the above case resulted so satisfactorily, we were warranted in using the same strength carbolized solution on two cases with a very similar history and symptoms. On one patient the pain was so excessive that the operation was performed only once, high inflammation soon set up and much fear was entertained as to peritoneal inflammation, this patient improved rapidly under suppositories of belladonna and opium. The other case endured the operation with many complaints, and with little satisfaction to himself or physician. Two of the tumors (piles) injected, sloughed, and one remained very tense and white, and produced intense suffering after each stool.

## CASE OF ERYSIPELAS.

BY E. F. CORDELL, M. D., BALTIMORE.

*(Reported to Baltimore Academy of Medicine.)*

The patient was a German, aged 46, engaged in the wholesale liquor business, and until lately of very intemperate habits. In June 1875, on a very hot day, he was suddenly seized with a violent epileptiform convulsion, in which I first attended him. He was so much bruised during this attack by the powerful grip of a bystander, who attempted to restrain the spasmodic movements, that phlegmonous erysipelas appeared soon after in the right arm. Free incisions had to be made, and after a tedious and prolonged convalescence he recovered with a tolerably useful limb. Since that time he has had epileptic attacks which however are completely under the control of bromide of potassium, and only recur when he has neglected to use the remedy. December 21st, 1877, I was summoned and found him in bed, so weak that he was utterly unable to raise himself and the least exertion prostrated him completely and caused him to pant for breath. His voice was feeble and husky, he complained of severe pain in the throat, aggravated on swallowing. The nostrils were filled with a thick pus, which poured forth freely and filled the room with a most offensive and nauseating odor. The mucous membrane covering the pharynx, tonsils, and soft palate, was swollen, red and congested. I was told that symptoms of throat trouble had existed for several days, becoming daily more serious. His pulse was 80, but a medical student who had seen him from the beginning of the attack told me that the symptoms of fever had been more intense a day or two before when the thermometer had reached 103°. There was but one thing lacking to complete the diagnosis of diphtheria, *i. e.* presence of the false membrane in the pharynx. Almost any one would have called it diphtheria, and expected to verify his diagnosis by the subsequent appearance of the membrane. Whether cases occur in which the membrane does not form I cannot say, but we are accustomed to consider its visible presence essential to the diagnosis, and actuated by this opinion I decided that it was not diphtheria, although I hardly felt warranted in attributing the extreme debility to a constitution broken down by excess. The debility continued, the tongue became brown and dry, the mind wandering, and something of the typho-mania of typhoid fever showed itself. The patient's condition was critical; still no

satisfactory diagnosis seemed warrantable until on the 26th he complained of pain about the lumbar region, which upon examination I found to be due to two extensive patches of cellulo-cutaneous erysipelas, one covering each buttock, and each about as large as a saucer. About the same time severe pains with swelling were experienced in the knee and ankle of the left leg, which also exhibited a slight scarlet discoloration. Here was the explanation of the throat trouble, and I do not believe it was possible to make a complete diagnosis up to this time. I shall say little of the treatment which consisted of large doses of *tinct. ferri chloridi*, a remedy which was considered almost a specific by the late Prof. N. R. Smith, and the virtues of which I had so many opportunities to witness during my residence in the University Hospital in the practice of Professors Johnston and Chisolm. In this case its efficacy seemed to be exemplified in the unexpectedly rapid improvement, and the subsidence of the erysipelas, which being of a phlegmonous nature, and occurring in so unfavorable a subject, I had every reason to believe would terminate in profuse and destructive suppuration. January 14th, the patient was down stairs, and in a few days upon the street.

The chief interest in this case is in the fact of its being confined to the throat so long before manifesting itself externally. This is unique in my experience and I had the opportunity to see quite a large number of cases at the Hospital and during a three years service at the General Dispensary; nor do I find in Prof. Gross' great work on Surgery any allusion to throat troubles in erysipelas except in connection with the epidemic form, vulgarly known as "Black Tongue." The question of Diagnosis is not in such cases important simply with a view of eliciting the truth,—an object in itself most worthy and desirable to every enlightened physician, but, if we share the opinion of Prof. Smith, with a view to put our patients as soon as possible under the influence of the remedy which we believe will control and cut short the disease.

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## ABSENCE OF EXTERNAL ORGANS OF GENERATION.

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REPORTED BY GEO. C. OGLE, M. D., BALTIMORE, MD.

The subject of this report I have known from her infancy. She is now 28 years of age, tall, but delicately made; sprightly and fond of society. She presents all of the appearances of a well developed

woman, mammæ well formed and general deportment that of a woman in full possession of perfect generative organs.

I have not had an opportunity to examine this lady since she reached maturity. The following condition was observed at the time of last examination some years ago: There was an entire absence of all of the external organs of generation and the parts were completely sealed presenting the appearance of the perineum; no meatus existed and micturition took place through the umbilicus, the urachus not having closed at birth; there being no sphincter at the umbilicus, the urine passes involuntarily and is restrained by wearing a compress.

I have not had an opportunity of making a digital examination per rectum to ascertain whether there is a uterus, as she is a modest and refined lady both by birth and education, but believe there is as she has hæmorrhages from the lungs, which recur at irregular intervals, and have done so since she reached maturity, which I believe to be vicarious in place of the catamenia for which there is no outlet.

This lady had a first cousin similarly deformed who died of consumption before she reached maturity. I had no opportunity to examine this person.



## TRANSLATIONS.

SIMPLE AND RAPID MEANS OF RELIEF IN INTRACTABLE EMESIS OF PREGNANCY. (*Le Bordeau Med.*)—As soon as vomiting commences, and better still even when manifestations of nausea, which precede the vomiting, present themselves, the spine should be sprayed with ether by means of Richardson's apparatus for five minutes at a sitting or longer if necessary. The douche should be repeated every three hours. In rebellious cases ether spray should alternate with that of chloroform. Dr. Dubelski, physician to the hospital in Warsaw, states that the relief is immediate and constant.

This same mode of treatment has proved successful in chorea, asthma, and pertussis. It so often happens that all the available remedies are exhausted in endeavors to suppress the vomiting of pregnancy, that the new means above explained should at least be tried by the practitioner.

PARACOTOIN IN CHOLERA. By Prof. Baelz, in Tokio, Japan, (*Centralblatt*, July 6, 1878.)—When cholera broke out in Yokohama last year, Dr. Goertz was persuaded to use paracotoin in the treatment of that disease to be exhibited subcutaneously in the dose of 0.2 gm. There was so small a quantity of the drug on hand, that only five patients could be treated, but the result was so striking that it deserves mention. The entire number treated in Japan were Europeans. The most typical action of the drug was shown in the following case:

M., a strong girl 22 years of age was found by her physician four hours after the commencement of the attack, in a very apathetic condition, or collapsed, with cold extremities and thread-like pulse. Frequent emesis and rice-water discharges took place involuntarily in bed. At 4 p. m. she received a hypodermic injection of 0.2 gm. of paracotoin, the medicine being suspended in equal parts of glycerine and water. Vomiting stopped at once. Next evacuation at 5-30 p. m., was thin; paracotoin 0.2 gm. internally. All the symptoms improved, the pulse became stronger and regular, the feet, which had been wrapped in warm cloths, became warm, and the cyanosis disappeared. Every quarter hour 5.0 gm. cognac. At 8 p. m. a thin meal-like evacuation; 12 midnight 0.2 gm. paracotoin subcutaneously; 1 o'clock profuse perspiration; next day great debility but perfectly comfortable. A few days after a case in the same house was aborted by paracotoin.

Later two more light and less severe cases were cured by paracotoin; in one of them constipation occurred which necessitated the exhibition of castor oil. In a case of a lady, who was pregnant, the vomiting continued two days after the diarrhœa had ceased.

The only objection to the use of paracotoin for hypodermic medication is the difficulty experienced in dissolving the preparation in a suitable liquid. Equal parts of glycerine and water seems to be the most convenient medium.

Notwithstanding the fact that the few observations made are not proof positive, it would appear that paracotoin is a useful medicine in the treatment of cholera, perhaps the most efficient that is yet known.

The Japanese government advertised the drug, so that in case the epidemic returned, paracotoin might be used. The future results will be communicated to the journal.

TREATMENT OF HYDROCELE IN CHILDREN. (*Journal de Médecine et Chirurgie Pratiques.*)—It is known that several surgeons, Marjolin amongst others, believe that no operation should be performed for hydrocele in children, external applications sufficing generally to hasten its disappearance. The means of treatment is very simple and never gives rise to any danger. Compresses are soaked in a saturated solution of hydrochlorate of ammonia and are then strapped to the scrotum. At end of the second or third day erythema has developed and sometimes it produces vesication. Under this influence the tumefaction subsides, and the cure, which is the rule, is not long delayed.

The reasons why all traumatism of this region in children should be avoided is from the fact of the frequent communication, that exists between the vaginal coat and the peritoneum. Even if the canal should be found closed, how should the hydrocele be treated.

M. de Saint-Germain, does not think that tincture of iodine should be injected and has substituted the following :

The puncture is made in the ordinary manner. The liquid should not be completely evacuated. A stylet charged with nitrate of silver should then be introduced through the canula and allowed to remain in the liquid for a few seconds. The very simple operative procedure cures in the greater number of cases.

Care must be taken to withdraw the stylet before the canula is removed, for fear of cauterizing the walls of the puncture which would perhaps cause a fistula and retard the cure.

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SYPHILIS OF THE HEART. By W. Graeffner, (*Centralblatt.*)—A working-woman came repeatedly under treatment for aortic insufficiency. Pulsation was felt in the neighborhood of the liver, the veins in the neck were dilated, the face and extremities were cyanotic. The heart's action became irregular, apoplectic attacks with total unconsciousness supervened, and the patient succumbed to œdema of the lungs. The post-mortem examination revealed nodes on the vault of the cranium and ulceration of the soft palate, which decided the specific origin of the trouble, that had been uncertain during the patient's life. Besides aortic insufficiency there was found a similar condition of the tricuspid valves, occasioned by a neoplasm in the heart, which Cohnheim declared to be a degenerated gummy tumor.

TREATMENT OF LEUCORRHOEA BY SALICYLIC ACID. (*Revue de Litterature Med.*)—Injections of salicylic acid have been used with perfect satisfaction in all discharges from the vagina.

This formula is offered :

R	Acid Salicylic,	3 iss
	Glycerinæ,	3 iij
	Aquæ,	Oij

Sig.—For six injections.—One daily.

In uterine catarrh the canal should be injected by means of a catheter small enough for the purpose.

The acid should be well dissolved in the liquid for obvious reasons. A case is reported which was cured in seven days after the beginning of the treatment.

This method is highly recommended in the treatment of chronic blennorrhagia, and it is said to succeed perfectly.

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INDIA HEMP IN HEMICRANIA. (*Nice Med.*)—Dr. Seguin employs the remedy with success. The principle of this treatment consists in maintaining the nervous system under the mild influence of this drug for a long period of time, as with the bromides in epilepsy. Women received two (2) centigrammes of the alcoholic extract of India hemp ; men commenced with three (3) centigrammes to be increased to four (4). In more than half the cases the patients were very much benefited ; and some were cured completely. India hemp is to migraine what the bromides are to epilepsy.

J. D. FISKE, M. D.,  
BALTIMORE.



## RECENT PROGRESS IN DISEASES OF CHILDREN.

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BY B. F. LEONARD, M. D., FIRST CLINICAL ASSISTANT MARYLAND  
WOMAN'S HOSPITAL.

HOT MUSTARD BATHS IN CATARRHAL PNEUMONIA IN CHILDREN. —Dr. Leonard Weber (*Am. J. Obs. April '78*), testifies to their great value when other remedies have failed. "As soon as pneumonia develops in cases of capillary bronchitis, the temperature rises to 103°

or more, in a few hours; the pulse beats fast, the face becomes flushed, the child is exceedingly restless, wears an anxious expression of countenance, but soon becomes apathetic and somnolent." The course of the disease is rapid and ends fatally by cyanosis. He immerses the patient in a hot mustard bath (105°), prepared by diffusing a pound of mustard in a baby tub full of hot water, keeping the child in ten minutes, making thorough friction all over the surface until the skin becomes pinkish. Then the patient is put in a warmed bed. If necessary repeat in four hours. Its *modus* of action is "ubi irritatio, ibi affluxus,"—it relieves the congested lungs and overburdened heart by increasing the amount of blood in the peripheral circulation; also by stimulating reflexly the vaso motor-centers.

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PARASITIC DISORDERS IN CHILDREN.—Dr. Samson, (*Medical and Surg. Rep.*, August 10, 1878,) physician to a London children's hospital, says that twenty-nine per cent. of the disorders of the alimentary canal were due to the presence of intestinal worms. An affected individual becomes a source of constant self-contamination for the ova are conveyed by the fingers from the neighborhood of the rectum to the mouth. He attributes a large list of diseases to irritation by them or their ova; as, unhealthy sores about the groin, whitlows, ulcerations of the fingers, irritation of the nares, many forms of impetigo, stomatitis, hypertrophy of papillæ at base of the tongue, pharyngitis, tonsillar ulceration, &c.

Dr. P. Brynberg Porter, (*American Jour. Obs.* April, 1878,) reports 313 cases of ascarides and 3 cases of *tænia solium*, occurring in 2,000 children treated at the Demilt Dispensary, New York.

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CHLORAL HYDRATE IN LARYNGISMUS STRIDULUS.—Mr. William Stewart, (*Lancet*, May 25, 1878,) has found chloral the remedy *par excellence* in laryngismus stridulus. The spasms recur at longer intervals and in a slighter form, ceasing in two to three weeks after beginning its use. He gives two grains to a child of six months, two and a-half grains at twelve months, and three grains at three years. It acts by calming the high nervous excitability. For the constitutional cachexia, he uses powders of the phosphate of lime night and morning, or a few drops of syr. hypophosphite of lime to assist in the development of the teeth and promote the general growth of the bones.

TREATMENT OF ACUTE INTESTINAL CATARRH OF INFANTS BY MERCURIC CHLORIDE.—Dr. Rudolph Ravenburg, (*Med. Rec.*, July 6, 1878,) calls attention to this use of corrosive sublimate which Ringer so earnestly advocates. To avoid the errors of drops Dr. Ravenburg prescribes one grain of the bichloride to 12 oz. dist. water; a teaspoonful to be mixed with an ordinary teacupful of milk previously subjected to a heat of  $150^{\circ}$  for five minutes, the milk should never be brought to the boiling point. Of the milk as prepared, the judgment of the physician is required as to the quantity to be given. In ordinary cases the fecal discharges will, without any other remedy, gradually lessen and be restored to their normal condition. In severer cases it may be necessary to use as an enema a cupful of boiled and cooled water, plus starch or laudanum, as the physician may deem proper.

The *rationale* of the treatment is this: in his own case, he made a microscopic examination ( $350\times$ ) of his evacuations in acute dysentery and found an immense number of micro-entozoa. Two injections (ol. terebinth and carbolic acid, each *mx.* 10, water  $\frac{3}{4}$  ij), and dry diet cured him. In Virchow's *Archives* (1875 or 1876), a case of chronic dysentery occurring in St. Petersburg, is reported. The evacuations contained amæbæ; the case resisted ordinary medication, injections to destroy the amæbæ were used with a quick cure. In that journal is given the comparative value of anti-ferments, mercuric chloride is assigned to the first place; one in 25,000 is sufficient to completely sterilize the fluids used. The stools of his infant son, artificially fed, showed large numbers of these micro-entozoa after summer diarrhœa had begun. The injection of a few ounces of the mercuric chloride solution caused a complete cure. We need have no fear of the effects of such small doses of the bichloride since Keyes' valuable experiments prove it to be a restorer of the red blood corpuscles. It is possible that salicylic acid, perhaps better, thymol, may answer equally well.

Lister's experiments proved that infection of the milk is in ratio to the number of bacterium lactis or its spores introduced into it. Tyndall has shown that if the media (fluids or solids) are subjected to  $150^{\circ}$  for two to five minutes every five or six hours for a day or two they can invariably be sterilized for an indefinite time by destroying any bacteria which have escaped as spores.

A nursing mother furnishes her infant with almost chemically pure food, but in a bottle fed infant this is different. Every article of food,

bottle and nipple, are exposed to atmospheric dust and thus furnish more bacteria or spores than the digestive power can destroy, and the infant must succumb unless the supply is cut off by removal to high altitudes or the putrefactive process is destroyed. Although the high summer temperature weakens the digestive power and debilitates the nervous system, yet he assigns the first place as factor in this disease to the putrefactive powers of the bacterial and infusorial spores. Hence, the food of bottle-fed children should be sterilized by heat and then rapidly cooled to a palatable condition. If chemical cleanliness of the food and vessels is obtained, little of this fatal disease will be known.

The reporter, acting on the above suggestions, has not had a single death from cholera infantum or diarrhœa this season, though he has treated a large series of cases. His line of treatment has been bismuth with salicylic acid (1—3 gr.), and enough morphia to quiet pain when present. For bottle fed children, the milk was prepared by boiling enough to last four to six hours, then cooled and given to the child as cool as palatable. If there was pyrexia present cold sponging every four hours was used. In the hydrocephaloid stage the tonic treatment was found last summer to be so entirely unsatisfactory that ergot and whiskey (1 to 3 parts) were used instead, several cases thought to be moribund revived and recovered although the improvement was occasionally coincident with a marked change in the weather.

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ACUTE FATTY DEGENERATION OF THE NEW BORN.—Mary Putnam Jacobi, M. D., (*Amer. Jour. Obs.*, July 1878,) was consulted by Mrs. H., eight and a-half months pregnant with her sixth child. Her fourth child died from omphalic hemorrhages on the eighth day; the fifth was born dead at term a week after cessation of all movements. There was no suspicion of syphilis or endometritis. At the last confinement she had been advised to have premature labor induced to save the child's life. Its movements showed it to be still alive, but the most careful search failed to discover fetal pulsations. Labor was induced because the child would probably die if left to itself; there being probably present a morbid condition of the placenta or umbilical circulation. A small but fairly vigorous child was born. There was adherent placenta, but the mother recovered without accident. Two ligatures were placed on the cord, but in an hour an alarming hemorrhage took place from the junction of its mucous and cutaneous

surfaces. An elastic ligature was placed on the cord; afterwards a couple of hare-lip pins were passed through the cutaneous base of the cord, but the child died a few hours after, though but small amount of oozing was present.

The autopsy showed a small hemorrhage in the peritoneal cavity from the umbilical vein; numerous hemorrhagic spots in the lungs; the liver cells were filled with fat granules; there was fatty degeneration of the kidney and lung epithelium; a great abundance of fat in the muscular coat of the pulmonary arteries and in the muscular fibres of the heart. The granules dissolved in ether and resisted acetic acid.

Dr. J. gives an interesting review of the literature of the subject. The prominent symptoms of this disease are, umbilical hemorrhages, cyanosis and icterus, the last constantly increasing until death. Buhl considers it identical with the malignant icterus of adults; the icterus being in proportion to the fatty degeneration of the hepatic cells. He considers that an acute inflammation sets in shortly after birth and rapidly runs its course afterwards, but fever in these is not noticed after birth and Dr. J. concludes that death takes place by direct arrest of nutrition by arrest of the vascular supply.

The fœtus is peculiarly exposed to alteration caused by variations in the blood supply. Adherent placenta is due to inflammation starting from the decidua.

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TREATMENT OF INTESTINAL INVAGINATION.—Dr. Bucquoy (*J. de Therapeutique*, February 25th, and March 10th, 1878), believes he has met three cases within a very short time. The symptoms were vomiting, severe colic, scanty stools containing blood and apparently shreds of mucous membrane; a general swelling of the belly and abdominal tenderness. After trying simple remedies without effect, faradization was used, one pole in the rectum and the other on the abdomen—a gentle current being used fifteen minutes. In half an-hour injections of cold water were used. On the second and third mornings injections brought away feculent matter. Electricity repeated caused several stools and the swelling quite disappeared. He believes the success of the electricity was due to its early use, before any inflammatory complications had been set up. Electricity was well borne; he used feeble currents lasting ten minutes. It was generally some hours before its effect was seen and then usually after an injection had been administered.

THE USE OF SALICYLIC ACID IN CHILDREN.—Prof. Dr. Abelin, (*Cent. Zeitg. f. Kindkhde.* 2 and 3) speaks strongly against the use of salicylic acid for children in their earlier years. His decided opinion is that it is of no use in intestinal catarrhs, except possibly to modify the stench of the feces. He gave it in the same doses as quinine (12 grains). It set up great faucial irritation amounting almost to cauterization and even in small doses it seems to cause albuminuria. Salicylate of soda is better borne and has a tolerably sure though temporary antipyretic effect. It seemed to act rapidly in a case of rheumatic chorea minor.

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CONVULSIONS IN A CHILD DUE TO A HAIR.—(*New York Medical Record*, August 10, 1878). A child under one year suffered several weeks from repeated convulsions of varying severity. Treatment was of no avail; at last the mother noticed and removed a hair, nearly a yard long, which had lodged between two incisors and hung down the throat of the little patient. The convulsions then ceased as if by magic.

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MORPHINE TOLERANCE IN AN INFANT.—Dr. Jas. L. Little, (*American Jour. Obs.*, April, 1878,) reports a case of inflammation of the knee-joint in a child, less than eight months old, in which one and a-half ounces of Magendie's solution were given in twelve hours. The average daily quantity required was one ounce.

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## ABSTRACTS AND SELECTIONS.

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QUARANTINES AND YELLOW FEVER.—Just now, when yellow fever is raging with such deadly effect in many of our southern cities, and undue and unnecessary excitement is created in remote as well as contiguous localities, it is some consolation, at least, to read the following from Dr. T. S. Bell, in the *Medical News*, of Louisville, Ky., of August 17th, on the subject of a quarantine for that city:

The excitement in the minds of the people on the subject of yellow fever is very natural, in view of the ignorance that prevails

as to its origin. It is shameful that upon as vital a question as this there should be such a wide-spread and deplorable want of knowledge. The facts in connection with the disease are so patent—they speak a language so clear and so indubitable that they should be in the possession of every one. It is, for example, an indisputable truth that beyond  $45^{\circ}$  north latitude and  $23^{\circ}$  south latitude the disease is but rarely or never felt; and it is rigidly confined between  $20^{\circ}$  east longitude and  $120^{\circ}$  west longitude. Between latitudes  $10^{\circ}$  and  $30^{\circ}$  north in the West India Islands, on the west coast of Africa, and the continent of America, the ravages of yellow fever are most frequently experienced. It is unknown in Asia and on the eastern coasts of Africa. On the eastern coast of Spain it has ravaged occasionally as high as Barcelona. On one occasion twenty-five towns on the southern border of Spain suffered severely, and some of them since quite frequently. It has ravaged Leghorn on one side and Portugal on the other more than once. It is self-evident from these facts, from which no departure has ever taken place, that there is one conspicuous element for the production of the cause of yellow fever that is never absent—solar temperature. There are two other elements that are always present—vegetable material in a decomposing state and moisture. These three are always together in producing the cause of yellow fever. But vegetable decomposition and moisture may be very abundant where the requisite solar temperature for yellow fever can not travel. In all such cases yellow fever never has shown itself, never can show itself. It has once, and once only, attacked Rochepot in France; and the reason is that Rochepot had the three necessary conditions only once. The absence of either of the three elements as surely prevents yellow fever as though it never had existed. Let me make this very plain by a conspicuous truth in the history of that disease. The conspicuous zones for yellow fever are Barbadoes on the east, Tampico on the west, Rio Janeiro on the south, and Charleston, S. C., on the north. Within this area the disease is perpetually present at some point. Tampico is within the region of periodical rains. In 1836 she failed to have her usual periodical rain at the usual time. Her solar temperature was

very high, her soil was full of vegetable material, but moisture was absent, and, for the first time in her history yellow fever failed to appear in June and July. In September the rains came abundantly, with a high solar temperature and vegetable material fit for decomposition, and for the first time in her history she had yellow fever in what we call our fall months.

Take another example, in which the requisite solar temperature is absent. St. Petersburg, in Russia, is celebrated in the histories of intermittent fevers for the violent character of attacks of that disease. But there are years in which she is free from every thing of the kind. There are years in which she never has a daily mean temperature of more than  $59\frac{1}{2}^{\circ}$ —the absence of only half a degree of the daily mean temperature utterly prevents intermittent. In the four millions of square miles of what is called the rainless district of Asia, neither intermittent fever, yellow fever, nor cholera has ever appeared. Nature has made a quarantine against every thing of the kind in the absence of rain.

It is the height of folly, even if there is an iota of sense in it, to establish quarantines where nature has made an impregnable barrier to the travels of disease of any kind. The Ohio valley never had and never will have a daily mean solar temperature of  $75^{\circ}$  for three months at a time; consequently it can not produce a case of yellow fever. This valley may have, and it often has had remittent fever of a very fatal character, but remittent fever is not yellow fever.

The Jamaica report, drawn up by some of the ablest medical men that England has produced, and by very able civilians who knew what they were talking about, says: "Epidemics of fever in this island are often confined to certain districts, showing that the *local causes* are then and there in force. Thus, at this very time, severe fevers are prevalent at St. Thomas in the east and St. Thomas in the vale, places wide apart and unconnected; at other times the cause is more general and it rages over the whole island; months and years sometimes pass without the disease occurring either in a sporadic or epidemic form, and then suddenly it bursts out with all its force. These fevers are common to all classes; some, however, deny that the black race can suffer

from yellow fever; instances, however, do occur, though rarely. The prevalent opinion that one attack of yellow fever defends the person from another is decidedly fallacious."

In another part of the report the board of health of Jamaica say, "not one single epidemic witnessed by the health officers there could be attributed to importation." . . . "Yellow fever patients constantly arrive at Kingston, and for the last twenty-five years have never been put into quarantine." Should we not learn a lesson from the experience of Jamaica?

At Gibraltar, in 1828, great numbers of the troops were attacked who could not possibly have come in contact with any infected individual. Of 282 women and children of the 12th regiment, who were not allowed to enter the fortress but remained in the camp, not one had the fever, though several of them slept in the beds with their husbands laboring under the epidemic (which they had caught while on duty in the fortress), and continued, with their children, to use the same bedding after their husbands were removed into hospital." M. Amiel says, "Where the wife in the same bed came in contact with the patient, scorched by febrile heat or bedewed with copious perspiration, when she inhaled under the same tent the effluvia of his breath, how could the air sufficiently interpose to prevent the process of contagion and its fatal consequences?"

In 1804, while yellow fever was devastating Leghorn, 6,000 persons left Leghorn for Pisa. The French army moved at the same time to the same place, taking with them 180 men with the disease; yet there was no propagation of the the disease at Pisa.

Dr. Blair, one of the latest, and one of the ablest writers on yellow fever, says of British Guiana: "There was no difference of opinion to excite discussion here, for there was not a single person, professional or non-professional, in the length and breadth of the colony who, in 1838, after the first alarm had subsided, had the least suspicion of contagion in our yellow fever. During the epidemic the yellow fever cases in their worst form were never separated from other patients in our hospital wards. Such a thing was not deemed necessary, and never thought of. They were classified with acute diseases, Our hospital nurses never got in-

fects, although in the closest connection with the sick and often smeared with their ejections; and these nurses were chiefly German and Portuguese immigrants."

The people of Holly Springs have invited the people of New Grenada, now suffering with yellow fever, to come to their town. It is clean and dry, and the people of Holly Springs, with a noble humanity, have tendered their best offices for their relief. There is no reason why, because the people are suffering from severe sickness, that the healthy shall lose their senses and become frantic with fright and fear. The best means for alleviating this sickness are found in removing the suffering from the locality where the cause exists to healthier spots, where no such disease can exist. This is the language of science, of common humanity, of experience in all parts of the world. The facts given by Dr. Blair at Surinam and Demarara are clear and indisputable. There is no more danger in going to a yellow fever patient than to a case of intermittent fever. This I know from very ample experience in the two diseases. I have seen and attended in this city some of the severest forms of yellow fever that have been described in the tropics; I have walked through the quarantine grounds at Staten Island, and conversed with the yellow fever patients; I was in the yellow fever haunts below Brooklyn Heights in 1856; I was in the yellow fever district of Philadelphia while the fever was prevailing there, and I never had the least fear of catching the disease.

Dr. Lyons, one of the most eminent medical men of Great Britain, has written an able treatise on yellow fever as he saw it in Lisbon in 1857. He says: "After the most careful inquiry amongst various official persons, and in all quarters in which reliable evidence could be expected in such matters, I am obliged to state that in no one instance did I obtain such a consistent assemblage of facts, or such an array of well-supported allegations, as would in my mind warrant the conclusion that the importation was even moderately well founded." He says that great numbers of the citizens of Lisbon went to Cintra and other favorite places of resort, yet no cases can be adduced to show that the disease spread, or was carried by contagion or otherwise

from Lisbon to such localities. Cintra was perhaps the place most frequented, and with which much free daily communication was kept up ; but I could obtain no reliable evidence that one single case of yellow fever occurred in that town."

Dr. Lyons adds: "Little if any apprehension of personal contagion was entertained by those in attendance upon and in daily contact with the sick ; and this indifference to exposure to the supposed contagion of the fever was observable in all classes of society, among the lowest as well as the highest." . . .

Lisbon was a plague-stricken city. Between thirty and forty thousand sought safety in flight. They were not quarantined. But Dr. Lyons says: "Among the population which remained humanity was spared those humiliating and appalling scenes which the medical historian tells us were so constantly presented in the epidemics of the middle ages, of the sick and the dying abandoned by their nearest relatives and friends. So far from this being the case, it must be stated—and no higher eulogium could be passed on the people of any city—that during the late Portuguese epidemic devoted attention to the sick was the universal rule with all classes of society ; and even upon the friendless and the stranger I have seen all the care and anxious solicitude bestowed that could be lavished on the nearest and the dearest friend or relation."

And with facts of this kind staring us in the face from all quarters of the earth, with an experience of more than fifty years in much worse epidemics of yellow fever than are now prevailing in the South, we that never had any more fear of its advent into this city than at the North Pole, have now a turnip lantern stuck up, and we are commanded to shake in our shoes, to make the hair of our heads stand on end, and to almost tremble our lives out. It is not very reasonable to be much frightened with real danger, but to fear and tremble at an imaginary peril is the height of absurdity.

We have not heard of any quarantines established at the North Pole to keep yellow fever away from it. Such quarantines would be quite as rational, and as well fortified by truth, as a quarantine in Louisville.

WHY SHOULD WE USE THE METRIC SYSTEM?—*Morally, as humanitarians*, desiring the greatest good of the greatest number; whose God-given best it is to act well our part in life, thus promoting universal progress and harmony. Even should our selfish ends not be futhured in the least by the adoption of the international decimal system, we should yet gladly adopt it if the nation as a whole is to be benefited by its introduction, and of this there is no doubt. The most virulently conservative exponents of the *vis inertiae* of egotism admit that "in commerce, where we are dealing with large quantities; and where long columns of figures, whether expressing weights, measures or money, must be added up and the amount multiplied, divided, or otherwise treated as an arithmetical factor, the metric system is a perfect marvel of elegance and simplicity."

*Intellectually, as broad-minded friends of progress.* It is the paradox of education that we must build from above downward. Important measures originate among the upper classes, which alone are fitted to comprehend the ultimate results of these. The benevolent despot may even educate at the point of the bayonet, and thus at once raising his vassals by intellectual platforms. The geniüs of republican institutions demands the gradual elevation of the masses by wheedling them up one intellectual step after another, with the proffered bait of immediate selfish advantage. The independent American of the lower class loses several trains on the railroad of progress, while being persuaded of the inferior celerity of pedestrianism. John Quincy Adams, even in his day, spoke of the metric system as "the greatest invention of human ingenuity since that of printing." Charler Sumner characterized it as "among the choicest possessions of an advanced civilization."

*Socially, as patriotic American citizens*; for, in spite of popular education, illiteracy is increasing faster than our population. It has been calculated by large committees of our ablest teachers that the complete introduction of the metric system will save a full year of the school-life of every child, and this year, thus saved, would be enough to turn the scale. In a country depending for the safety of its free institutions upon the education of

the people, this fact is of vital importance. The introduction of this system would be desirable, if only as the most rapid method of obtaining the most correct results, even were we subsequently to change the denomination of these results back into the old denominations.

*Practically, as economical, common-sense men* ; the system being the most accurate, consistent and convenient one known ; simpler than others as our money is simpler than pounds, shillings and pence ; multiplying and dividing by a mere shifting of the decimal point to the right or left ; giving finer subdivisions than other systems, and saving money in business to such an extent that the London and Northwestern Railway alone reports an estimated annual saving of ten thousand pounds sterling by the use in computations of the metric, instead of the old system. How vast, then, would be the saving in the entire business of the country ! In 1860, the foreign business of the United States equaled \$762,000,000. Of this \$700,000,000 was with nations using the metric system, and that too before Germany had adopted it. There are no tables, scales, or complicated relations—the meter measuring every possible dimension, the liter every capacity, the gram every weight. In the old systemless system of many and various units, the multiple might be 20, 3, 8, 12,  $5\frac{1}{2}$ ,  $272\frac{1}{2}$ , etc. Even single weights varied among themselves, as, *e. g.*, long and short avoirdupois weight. So with measures of capacity :—A barrel of fish is 30 gallons ; one of ale,  $31\frac{1}{2}$  ; one of cider, 32 ; one of beer, 27 ; etc. Bread is sold by troy weight ; butter by avoirdupois. Druggists buy by one, and sell by another and a different table of weights. With the exception of measurements of time, which are unalterable, being natural divisions fixed by the revolutions of the earth, there is none to which this system is not applicable, whether of weight, length, surface, solid contents, angles, values, intensities, or forces.

*Philosophically, as accepting the inevitable.* For the metric system is sure to come, and we shall never be better prepared to make the change than now. We must use it as a means of education ; not as a result to which we are to grow by degrees. Every civilized nation has adopted it except Russia, which has

been delayed only by her war, and England, which never makes any change until forced. She was four hundred years behind the continent in adopting our present arithmetic! Yet even in England it is legalized, and makes annual progress in the British Parliament. Our scientific men all advocate it. Our Congress has legalized it. Large manufacturers and merchants, in foreign trade, use it more than is generally known. Civil engineers, architects and chemists employ it. It is exclusively used by the United States Coast Survey, and the United States Marine Hospital Service. The American Medical Association and the medical societies of the leading states, have recommended it most cordially by resolutions: finally, should we delay long, commerce with, and immigration from, foreign countries will force it upon us. Moreover, it is practically indestructible, whereas the standard weights of Great Britain were destroyed by fire in 1834. There are now twenty-seven standards of the metric system in different countries, the United States possessing one. These are exactly alike, from a single casting of ten parts of iridium and ninety of platinum. Nothing short of a cosmic convulsion could destroy all of these at once.

*Professionally, as physicians.* Because this system most nearly approximates to a perfect one; embodying, as it does, the most careful and delicate work of the International Metric Commission, composed of scientific men from all countries. Because it is *international*, and medicine is as cosmopolitan as human nature itself. Because of its great *convenience* in writing and compounding prescriptions, in dividing doses, and in computing quantities required during given times. Because of its *safety*, due to its *uniformity* and *simplicity*. It may be learned in five minutes. In complexity there is always danger, and the resemblance of the scruple, drachm and ounce has already not seldom proved fatal to human life. The metric system dispenses with the signs of the quantities, employs Arabic figures instead of Roman numerals, and assures the physician of more competent service, because from more educated pharmacists, since these are always the first to adopt it. It is decimal; and a perpendicular line, instead of the decimal points, obviates any possibility of error from this

source. It is allied to the change already made by Americans from pounds, shillings and pence, to dollars and cents. Because of its *delicacy* and *accuracy* for the chemist and pharmacist; and here the beauty of the system is especially apparent, for it provides denominations of weights applicable to the smallest quantity which the physician can prescribe, the old grain being by far too large and coarse a unit for modern medicine. Moreover, the English and American graduates are both in use in this country, and yet are not alike. There is a difference of eighteen grains in the weights of their fluid ounces. Then, too, if *f* is omitted before the ounce symbol, either the graduate or the troy ounce may be used. Finally, because it deals preferably with weights alone, while admitting the use, if desired, of both weights and measures as at present.—Dr. Edward Wigglesworth, in *American Practitioner*, for August.

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THE TAR BANDAGE.—I wish to call the attention of the medical profession to a new and efficacious, to me at least, dressing for wounds, namely: the tar bandage. The advantages that I claim for this dressing are, its perfect protection against the deposit of the fly; the stability with which it retains its positions; and, if the theory be true, as a preventive and a destroyer of parasitic organism. I am satisfied now, had this treatment been adopted during our late civil war, hundreds of lives would have been saved by it, if from no other cause, certainly from its protective powers against inoculation from erysipelas, gangrene, etc., for this bandage acts as a perfect shield to the wound.

I could record six or eight cases treated by this process, but will report only one, a very difficult and obstinate case, of a negro man, thirty-five years of age, deaf and dumb. On the 27th of July, 1875, this negro was run over by the cars. His tibia and fibula, six inches below the knee, were crushed, the soft parts converted into a fibrous mass, leaving, however, enough of the gastrocnemius muscle to form a flap. Assisted by Dr. Wynne, I amputated the leg two inches below the lower insertion of the tendon of the patella. The flaps were drawn and two or three

sutures taken, then tarred strips of cloth were applied, as adhesive strips would have been used, for six to eight inches above the wound. The roller bandage was then placed over these, and the whole well tarred.

I wish to call attention to another advantage connected with this dressing—that is, it does not require re-adjusting so often as other modes, only every twelve or fourteen days, unless some constitutional disturbance should be apparent.

The leg was not dressed again until the 6th of August, notwithstanding the weather was the warmest I ever experienced in Georgia, and the subject perhaps one of the worst that ever happened to such an accident. His bowels were loaded with unripe fruit, and with every kind of foreign matter that a tramp, at that season of the year, could procure, besides, he had upon his head, arm and shoulder two or three badly contused wounds, which were treated by the application of tar ointment. The leg was not dressed the third time until the 2d of September, when he was turned over to the nurse, and in a week he was out upon crutches.

In applying for the first time the bandage, at the most dependent part a little V-shaped valve was cut, to allow the escape of pus. He was not annoyed by a fly, or by any bad symptoms, and the recovery was very speedy, which I attributed to non-interference with the bandage. I am perfectly satisfied in my own mind that the frequent dressing of wounds is a source of great irritation, to say nothing of the amount of granulations that are broken up. Should there be any mischief going on under the bandage, the constitutional effects must be apparent.

I have had five or six other cases, though not of so serious a character, in which the bandage was never removed until the wound was entirely well. I will report, however a case of a negro woman, Elvira, aged 60 years, upon whose hand fell a large window sash, laying open the index finger its entire length, to which the tar bandage was applied, and not removed until a perfect recovery had taken place. In four other cases the wounds were made by sharp instruments, in which the same treatment,

without the sutures, was used, and the result, in every case, was identical.

My manner in preparing this fresh pine-tar ointment, is to put the tar into a glass vessel, and place the vessel into a pot containing water; after the water has boiled for a half hour, the vessel containing the tar is set aside until all the foreign matter is precipitated, then decant, leaving the foreign matter at the bottom; finally, add one part of sweet oil to twenty parts of the tar. After the roller bandage is adjusted, in amputations, this ointment should be thoroughly applied, once in four or five days being sufficient. In wounds, cloth strips can be used as one would use adhesives strips. I would recommend cold water dressings to the wound.

I hope my professional brethren will give this a trial, and meet with the same success that has attended my efforts.—Dr. C. B. Leitner, in *Transactions of the Medical Association of Georgia*.

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TREATMENT OF COLLES'S FRACTURE WITHOUT SPLINT—Dr. L. Pilcher, of Brooklyn, read before the New York Academy of Medicine, at its meeting, May 16, 1878, an interesting and novel paper on fracture of the distal extremity of the radius. He explained by means of diagrams the mode of its occurrence, and demonstrated the truth of his views by breaking the radius of a cadaver, and dissecting it before the academy.

He showed that the transverse fracture of the radius within an inch of the distal end was due to a force of avulsion communicated through the anterior ligament of the wrist-joint, and due to extreme bending backward of the hand; and, secondly, that the displacement resulted after the fracture from the impetus forcing the upper fragment obliquely upon the lower.

An interesting and important feature in the demonstrations was the role played by the untorn periosteum, which connected the fragments on the dorsum, the periosteum anteriorly being torn by the injury. This, in the opinion of Dr. Pilcher, prevented the ready return of the displaced fragments and their proper coaptation.

The method of treatment indicated by such a condition was to bend the hand and wrist sufficiently backward to free the fragments and relax the tense periosteum, then to make slight extension with pressure on the dorsum, concluding with placing the forearm in a normal position. A strip of adhesive plaster two inches wide is then wound around the wrist as a support. The after-treatment suggested was massage and motion of the hand after the third day.

The use of splints was deprecated, as they met no indication, and in many cases proved injurious.

Dr Pilcher said that he had treated forty-nine cases of Colles's fracture, and had also watched many cases in the hands of other surgeons, and was satisfied of the truth of the views.

Dr. F. H. HAMILTON thought very highly of Dr. Pilcher's demonstrations.

Dr. WILLARD PARKER agreed with Dr. Hamilton that the views presented were original and based on sound pathology. He questioned, however, if it would be wise to dispense entirely with the use of splints.

Dr. A. C. POST said Dr. Pilcher's demonstrations were so original and so important that he should propose that the name of Pilcher's fracture be given to the injury. He was satisfied of the correctness of the views advanced, and considered that the reader of the paper was entitled to much praise.—*N. Y. Medical Record*.

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REMARKS ON THE FORM AND CONTAGIOUSNESS OF YELLOW FEVER.  
—There is nothing more striking in the modern literature of yellow fever than the little advance it displays on the line of investigation and the mode of treatment followed by the numerous writers who recorded their experience and views at the beginning of the century. Now, as then, one body of medical practitioners regard yellow fever as presenting various forms, as arising from local causes and not from personal contagion, and as frequently appearing sporadically as well as from time to time in the form of a severe epidemic. Another body considers that yellow fever always arises from a poison given off by a person already labor-

ing under it, as being a continued fever and never presenting a remitting or intermitting form, and as never appearing sporadically, or arising with communication either directly or mediately with a previous case; while they relegate the sporadic cases, every West Indian and many an American practitioner are familiar with, and the frequent occurrence of which can not be ignored, to what has been variously designated "remittent" or "malarious yellow fever"—a form said to present a very close resemblance to true yellow fever, including the yellowness of the surface and black vomit, but which may be distinguished from yellow fever by the non-occurrence of albumen in the urine. It is worthy of observation that the great majority of the members of the profession who have resided some years in the tropics, and had constant experience of yellow fever, entertain the first opinion, and it is only among those who have met the disease occasionally, or who have never been brought into contact with it, that the second is generally received.

Yellow fever is a febrile disease, usually terminating in convalescence or death from the fourth to the seventh day, but either may occur as early as the second day, or not before the tenth or twelfth, or even later. There is generally yellowness of the surface, commencing at various periods in different individuals or epidemics. Upon the evening of the third day, or morning of the fourth, the urine usually contains traces of albumen, and on the latter a considerable sediment appears in it, almost wholly consisting of the scaly epithelium from the bladder; this is succeeded by an equally copious one on the morning of the fifth day, which consists almost exclusively of granular tube-casts from the kidneys, with scarce a trace of epithelium from the bladder. By this time the albumen has usually become considerable, the chlorides have been greatly reduced, and the urine as a whole is usually scanty, and may even go on to complete suppression. If there be much yellowness, the urine may contain a variable quantity of the coloring matter of the bile. The alvine discharges are devoid of the natural feculent appearance, especially from the third day onward till the disease gives way. As the alvine and urinary secretions assume these peculiarities, there

is a great tendency to black vomit or discharges of similar matter from the bowels, or to the so-called hemorrhages from the various mucous surfaces, or even in some cases from the skin ; and after death such may often be found in the stomach or intestines when not manifested during life. Such are the distinctive features of a normal case of yellow fever, but in some the occurrence of the urinary symptoms may take place earlier than here mentioned, and in others they seem to be delayed for a day or two ; but whenever watched from day to day, and properly examined, it is found that the changes in the urine not only embrace the presence of albumen, but indicate desquamation of the bladder and kidneys as regular features of the disease. It is important to bear this in mind, for in some varieties of intermittent albumen has been found in the urine ; but in such cases it occurred during the cold stage only, and went off as the fever came on, and was not preceded or accompanied by the desquamative process present in yellow fever, but which is not met with in either the pure intermittent or remittent.

1. Yellow fever is not a disease always presenting the continued form, but it is met with frequently as a remittent, and even as an open intermittent.

2. The sporadic cases presenting yellowness of surface and black vomit are also found to have the train of urinary symptoms characterizing yellow fever, and are consequently identical with those met with during an epidemic.

3. In very many instances where persons in the vicinity of yellow-fever cases are attacked with the disease, the facts do not admit of the exclusion of local causes, and such instances therefore can not enable us to decide whether these causes or personal contagion have originated the disease ; but from time to time other instances occur in which the exclusion of local causes can be assured, and in these, however extensive the exposure of susceptible individuals to the emanations from the sick may have been, the uniform result is that no communication of the disease has taken place.—Robert Lawson, Inspector-general of Hospitals, in London *Lancet*.

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SEVEN GOOD RULES FOR PRESERVING THE EYE-SIGHT.—*Boston Jour. of Chem.*: Dr. H. C. Angell, in his little book on How to take Care of our Eyes, recently published in Boston, gives the following rules to be carefully observed by all persons who have a tendency to weakness of sight, or who experience unusual fatigue of the eyes in reading or other occupation requiring close use of the eyes :

1. Cease to use the eyes for the time being, and look away from the work, when sight becomes in the least painful, blurred, or indistinct. After perfect rest for a moment, or longer, work may be resumed, to be discontinued as before when the eyes feel again fatigued.

2. See that the light is sufficient, and that it falls properly upon your work. Never sit facing it. It is best that the light should fall upon the work from above and behind ; failing this, it may fall from the side. Never use the eyes at twilight. Any artificial light for the evening is good, if it is brilliant enough and steady. When artificial light is at all painful, it is safer to read or write only during the day.

3. Never read in the horse or steam-cars. It requires too great an exertion of the accommodative power to keep the eyes fixed on the letters.

4. Never read when lying down ; it is too fatiguing for the accommodative power. Many a tedious case of weak sight has been traced to the pernicious habit of reading in bed after retiring for the night.

5. Do not read much during convalescence from illness. Before the muscular system generally has quite recovered its healthy tone, we ought not to expect the muscles of accommodation to bear the continuous use to which they are subjected in reading or writing. We can not be sure that the delicate muscles of the eye are in a condition to be used until the muscles of the leg and the arm have regained their strength and firmness.

6. The general health should be maintained by a good diet, sufficient sleep, air, exercise, amusement, and a proper restriction of hard work.

7. Take plenty of sleep. It is a sovereign balm for those who

suffer from weak sight. Retire early, and avoid the painful evening lights. Ten hours' sleep for delicate eyes is better than eight.

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BOXES ON THE EAR.—The blindness of the late King of Hanover was occasioned, it is understood, by an accidental, and by no means violent, blow upon the eye. Scarcely a day passes, we believe, without some schoolmaster (or schoolfellow, in natural imitation of his master) giving a lad a smart "box" upon the ear. Few persons would be bold enough to choose the eye as a part upon which it was expedient to inflict a violent blow by way of moral education, but there is apparently no end to the numbers who select an organ upon which violence is liable to be attended with much more dangerous results. For not only is deafness caused by "boxes," which rupture (as they continually do) the drum of the ear, but the inflammation of the internal cavity, which is so frequent a result, may be followed, years afterwards, perhaps by disease of the bone, giving rise to abscess of the brain, and having a fatal termination. Medical men alone can be fully aware how fruitful a source of suffering and danger is represented by the box upon the ear. We are informed, for example, of two cases, under observation at the present moment in which schoolboys have been the victims of such an assault. Surely, schoolmasters ought to have learned, long ere this, the danger of a mode of personal chastisement that has apparently usurped the place of others, which, if more disgusting, were not attended with an equal amount of peril.

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A SINGULAR CASE OF MONSTROSITY.—July 14, 1878, 10 a. m., was called to Mrs. Mary A., aged twenty, tall, slender, of a nervous temperament but in good health; eight months pregnant; had taken cathartic night before I saw her. The cathartic had produced severe griping pain in lower bowels. These followed by pains which continued to grow more severe until nine (9) a. m., at which time there appeared a bloody discharge, after

which I was called immediately to the case. After a few minutes I made an examination and found the labor had advanced to the second stage. I now informed both patient and friends that labor was well advanced, when the usual preparation of the bed was made. Contractions were regular and sufficiently severe to advance the child, so that in two hours time she was delivered of a living child; but here comes the peculiarity of the case: The upper portion of the child was well developed as was the lower extremities, but there was spina bifida in the lumbar region of the size of a hulled walnut, also, complete loss of the abdominal walls below the navel. Extrophy of the kidneys, ureters and bladder external to the abdominal cavity, but between those organs and the intestines was a membrane in which there was transverse muscular fiber to be seen with the unaided eye; also, entire absence of anus; in place of having penis and scrotum there was the external appearance of vulva with labia majora and minora well shown, and this opening led to a blind sac half an inch deep, and from the upper portion of this opening there was a well formed penis and no scrotum to be seen anywhere in that region. The cord was unusually small and of feeble pulsation, but the placenta was large and well developed, and was attached by a small patch in right side of uterus. The child breathed for some twenty or thirty minutes, went into convulsions and died. Mother made a good recovery, and at this date is up and doing her work. What could have caused this deficiency in the child of a seemingly healthy woman? And are such cases of extrophia and spina bifida often found in the same child?—Dr. A. F. Steele, in the *Obstetric Gazette*, for August,

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**TYPHOID IN MILK.**—Another epidemic of typhoid fever has been traced, in a manner which does not admit much room for doubt, to contaminated milk, thus again proving how the most essential and wholesome article of diet may become the medium for the diffusion of deadly disease. According to a special report of the medical officer of health for the Moss Side Local Board, Manchester, no less than twenty-seven persons have recently been

attacked with typhoid fever. There were, besides, five cases in the neighbouring districts of Withington and Stretford. All these cases occurred in the first three months of the current year, while during the whole of 1877 but one death from typhoid was registered. Out of the thirty-two cases, twenty-nine of the patients received their milk from the same dairy. With two exceptions the ash-pits and drains in connection with the infected houses were in good order, and among 214 neighbouring households receiving milk from another dairy, there was but one household affected, and this exceptional instance is explained by the fact that the inmates were in constant communication with one of the houses already infected. The milk dealer who has been the unwilling cause of all this mischief, derived his supply partly from his own cows and partly from a farm some miles distant. Those of his customers who drank the milk from the latter source alone suffered from typhoid, and it appears that there were two deaths from typhoid at the farm-house during the month of February last. We now come to the final connecting link, and it forcibly illustrates the urgent need of sanitary reform in rural districts. The water-supply of this farm was, as is so often the case, situated close to the ash-pits, and on analyzing the water, traces of sewage contamination were easily discerned.

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A CASE OF MORPHIA POISONING TREATED WITH ATROPIA HYPODERMICALLY.—A short time ago I was called to see a little girl aged six years. She had been subject to frequent attacks of chills and fever, and that morning her mother had administered what she had supposed to be a dose of quinine to prevent a return of the chill. Two hours after she had taken the dose I was called in and found the child in convulsions and unable to swallow; upon inquiry her mother told me that she had given a dose of quinine that morning. Supposing the spasms to be the result of febrile excitement, I prescribed sinapisms to wrist and ankles and left, stating that I would see the child again in one hour. Before the hour had elapsed, however, I was called again

in great haste, when I was informed that morphia had been given instead of quinine. Complete narcotism had then taken place. I at once took in the situation and called to my assistance Dr. Galbraith, whose office was near by, and we proceeded to administer atropia by hypodermic injection. In less than twenty minutes a marked effect was produced on the pupil. This with frequent injections of strong coffee per rectum constituted the treatment, and in twenty-four hours after the poisonous dose had been taken, we had the pleasure of seeing our little patient out of danger.—Dr. N. H. Shipman, in *Lancet and Clinic*,

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A NEW CHEAP AND SELF-GENERATING DISINFECTANT.—Under this title Dr. John Day, of Geelong, Australia, recommends for use in civil and military hospitals, and also for the purpose of destroying the poison-germs of infectious diseases, a disinfectant composed of one part of rectified oil of turpentine and seven parts of benzine, with the addition of five drops of oil of verbena to each ounce. Its purifying and disinfecting properties are due to the power presumed to be possessed by each of its ingredients, of absorbing atmospheric oxygen, and converting it into either peroxide of hydrogen, or ozone. Articles of clothing, furniture, wall-paper, carpeting, books, newspapers, letters, etc., may be perfectly saturated with it without receiving the slightest injury, and when it has been once freely applied to any rough or porous surface, its action will be persistent for an almost indefinite period. This may, at any time, be readily shown by pouring a few drops of a solution of iodide of potassium over the material which has been disinfected, when the peroxide of hydrogen, which is being continually generated within it, will quickly liberate the iodine from its combination with the potassium, and give rise to dark-brown stains. It may be applied with a brush or a sponge, or, if more convenient, as is the case with certain articles, such as books, newspapers and letters, it may be simply poured over them until they are well soaked; they may then be allowed to dry, either in a warm room or in the open air.—*New Remedies*.

TREATMENT OF DIPHTHERIA BY THE FRENCH SCHOOL.—Diphtheria is very prevalent just now in the French capital, and naturally occupies the attention of the most eminent practitioners in Paris. Hitherto the method by "substitution," or the conversion of the specific into simple inflammation, has been the one usually employed, particularly by Bretonneau and his illustrious successor, Trousseau. The latter, however, was fully acquainted with the specific nature of the diphtheria poison, yet continued the practice which experience had shown to be utterly futile. It has been remarked, on the other hand, that the failure of local remedies depends on the circumstances that those employed are not addressed to the specific elements of the disease. M. Revillent's experience leads him to conclude that we possess such a remedy in lemon juice—when applied to the false membranes, and also administered internally in large doses. It would truly seem to be a specific, as the author assures us that he has not lost a single case in which this method had been fully and fairly carried out.—*London Med. Examiner.*



## REPORTS OF YELLOW FEVER.

*Office Surgeon General, U. S. M. H. S., }  
Washington, August 24th, 1878. }*

ABSTRACT OF SANITARY REPORTS RECEIVED DURING PAST WEEK UNDER THE NATIONAL QUARANTINE ACT.

*New Orleans.*—During the week ended yesterday noon, there were 771 cases of *yellow fever* and 295 deaths, making in all 1,673 cases and 534 deaths. During the twenty-four hours to noon yesterday, there were 123 new cases and 40 deaths.

*Vicksburg.*—At least 400 cases *yellow fever* from date of commencement, August 12th, to yesterday evening, and 69 deaths; 20 deaths during last twenty-four hours. Dr. Booth, in charge of the Marine Hospital Service at that port, telegraphs: "I am sick; impossible to procure accurate data."

*Memphis.*—144 cases of *yellow fever* and 53 deaths during six days to Friday evening.

*Canton, Miss.*—First case of *yellow fever* occurred at Canton, on August 1st. To yesterday evening there were 18 cases and 8 deaths.

*Port Gibson, Miss.*—First case *yellow fever*, originating in Port Gibson, occurred August 3rd, resulting in death August 8th. The disease began to spread August 14. 118 cases and 9 deaths to yesterday morning.

*Cincinnati.*—To yesterday evening no more cases *yellow fever* had developed at Cincinnati since the two mentioned in the last report. The engineer of the steamer "Golden Rule" was admitted to hospital the 22nd inst. with *yellow fever*, and also one other case, probable *yellow fever*, from Memphis.

*Morgan City, La.*—One case of *yellow fever* August 21, patient from New Orleans.

*Ocean Springs, Miss.*—3 cases *yellow fever* and 1 death—all imported.

*Saint Louis.*—4 refugees died of *yellow fever* at St. Louis, during past week.

*Louisville.*—4 river-boatmen suffering from *yellow fever* are under treatment in an improvised hospital on the Marine Hospital grounds, admitted from steamers "John Porter," "Sunflower Bell" and "Golden Crown," on the 17th, and 18th inst.

*Mobile.*—The case reported as *yellow fever* August 17, is now officially announced as undoubtedly a mistake. Dispatches to 23d inst. report good health.

*Key West.*—No *yellow fever* for three weeks to yesterday evening.

*Grenada, Miss.*—So many of remaining population stricken with the *fever* that definite information of number of cases and deaths could not be obtained.

*Havana.*—90 deaths from *yellow fever* and 6 of small-pox, week ended August 17th.

*Matanzas.*—Decreased cases *yellow fever*. Only 5 American vessels in port August 16th, and all of them have either had or were having cases of *yellow fever* on board.

*Cardenas and Sagua la Grande, Cuba.*—No *yellow fever*. Advices to 16th inst.

*Bombay*.—33 deaths from *cholera* and 15 from *small-pox*, week ended July 2nd.

*Calcutta*.—19 deaths from *cholera* and 36 from *small-pox*, week ended June 22nd.

Reports from other places indicate good health.

JNO. M. WOODWORTH,

SURGEON GENERAL,

U. S. Marine Hospital Service.

MESSRS MANNING & ASHBY,

Editors MARYLAND MEDICAL JOURNAL,

Baltimore, Md.

GENTLEMEN :

In reply to your card of the 27th inst., I have the honor to furnish you the following :

*Vicksburg, Miss.*—Dispatch of 26th inst. Twenty-three deaths yesterday. Six hundred cases under treatment and the plague spreading with fearful rapidity. Great suffering and destitution among poorer classes. See the United States authorities and urge the necessity for government aid.

Rations required immediately—weather unfavorable. Dr. D. W. Booth, surgeon in charge of Marine Hospital patients improving. Post Master and children attacked. Later, August 27th, Dr. D. W. Booth died this morning.

*Havana.*—August 26th, 1878. Seventy-one cases of yellow fever, six of small-pox.

*Bay. St. Louis, Miss.*—August 24th, 1878. One case of yellow fever died on the 18th inst.

*Memphis, Tenn.*—August 24th, 1878. Forty-five cases reported yesterday, ten deaths.

*Philadelphia.*—August 26th, 1878. Two cases of yellow fever came from Vicksburg, removed to Municipal Hospital doing well.

*Bayou Delsalmo.*—August 26th, 1878. Seven cases of yellow fever.

*Holly Springs, Miss.*—August 26th, 1878. Three deaths from yellow fever came from Memphis.

*Pittsburg, Pa.*—One death from yellow fever came from further south.

*Plaquemine, La.*—Large increase of fever patients.

*Leighton, Ala.*—One death from yellow fever came from Memphis.

Very respectfully,

CHAS. B. GOLDSBOROUGH,

ASST. SURGEON M. H. S.,

For the Surgeon General, U. S. M. H. S., in his absence.



## EDITORIAL.

COUNTER PRESCRIBING.—We learn that a practice prevails among many druggists in this city of prescribing for the sick and, what is worse, of filling physicians' prescriptions, for any and every one who may present the label or bottle in which the medicine, for which the practitioner gave the prescription, was dispensed. Several cases have been noted in which a favorite prescription, the exclusive property of the physician, and those who pay for it, has been filled and re-filled on presentation of the bottle or label and, in some cases, by merely giving the "shop number" of the prescription. This is manifestly unjust to the physician, as it robs him of what cost him time and money without any equivalent.

We trust our medical societies will investigate the matter and apply the proper remedy. If the druggists persist in this course they may force the physicians to keep their own medicines. They cannot be expected to tamely submit to such an infringement of their well-earned and dearly-bought rights.

A REQUEST.—We constantly aim to improve the JOURNAL, and ask our friends and readers to do all they can to aid us. Write us all the medical news; anything pertaining to medicine or doctors; short, practical letters, or articles, on subjects of interest to the profession. Report to us all the deaths, marriages, appointments changes, etc., in each locality. We want the latest news, as we desire to make the JOURNAL a vehicle of business, social and professional communication between doctors in all sections of the country. Do this, and we are your debtors—add \$3 for a year's subscription, for yourself or friend, and we will be doubly indebted.

AGAIN WE EARNESTLY INVITE the co-operation of physicians everywhere, in the conduct of the JOURNAL. Subscriptions are always acceptable, but they, alone, are not sufficient for the successful prosecution of our enterprise. Every practitioner, at some time, sees or hears of cases that would interest and instruct his brethren, and we extend a cordial invitation to all who desire to make the JOURNAL a medium of communication with the profession. Do not wait for a personal invitation, but understand that this applies to all physicians in good standing everywhere.

THE YELLOW FEVER.—We publish the latest reports, up to the time of going to press, of the ravages of the yellow fever. The disease is increasing in the infected cities and is rapidly spreading to others. It is of the most fatal type and the percentage of recoveries is very small. No age, color or condition of life seems to be exempt from it. As yet no means or remedies have been adequate to stay its fatal progress and, it is feared, nothing but the advance of the season will put a period to it.

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BY OUR OMISSION OF THE WORD "OPERATIVE," in Dr. L. McLane Tiffany's paper on "Contraction of the Palmar Aponeurosis," in the August number of the JOURNAL, he was made to appear as "Professor of Surgery," in the University of Maryland, when it should have been Professor of *Operative* Surgery. As is well known Christopher Johnston, M. D., occupies the chair of surgery in that institution.

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THE JOURNAL LIST OF SUBSCRIBERS is rapidly increasing. Old subscribers are promptly renewing and, altogether, we are greatly encouraged at the many substantial evidences given of a proper appreciation of our efforts to publish a first-class medical journal in this city. With the beginning of the fourth volume other changes and improvements, calculated to enhance the value of our publication, will be made.

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AN ENTHUSIASTIC RESURRECTIONIST, connected with the Medical College of Ohio, gave his body to the college for purposes of dissection. He was desirous that his skeleton should occupy a place in the museum, and his wishes have been complied with.

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PHYSICIANS who have been making the tour of Europe are rapidly returning to their duties at home. In addition to the advantages of a rest to the over-worked practitioner the hints the travellers have gained abroad will enure to the good of the public and the profession.

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PHYSICIANS AND COMPETENT NURSES are greatly needed in the fever-stricken cities of the south. An excellent opportunity is thus afforded those who desire to serve their suffering fellow-creatures and gain the approval of an admiring public.

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THE NORTH CAROLINA *Medical Journal*, for August, publishes an admirable biographical sketch of Dr. Edward Warren, (Bey,) formerly of this city, but now a resident of Paris.

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WE HAVE RECEIVED the first number of the *American Medical Review and Index* a monthly journal devoted to the interests of scientific and practical medicine, published by James I. Hale, M. D., at Anna, Illinois.

THE ATTENTION OF OUR READERS is respectfully directed to the advertisements in this issue. Many of them appear for the first time. They can all be relied on as we admit no advertisement of a questionable character.

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THE SOUTHERN MEDICAL RECORD directs attention to a mistake in the last edition of the U. S. Dispensatory, in which the dose of liquor barii chloride is given at 50 drops, which is dangerous. It should be 5 drops.

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OUR CITY has been remarkably healthy during the summer—the average death rate being less than last year.

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DR. ROBERTS BARTHOLOW, of Cincinnati, has gone to Europe. He promises us a paper for our JOURNAL immediately on his return in the fall.

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THE AMERICAN DERMATOLOGICAL ASSOCIATION met at Saratoga, N. Y., on the 27th ult. Dr. I. E. Atkinson, and others, of this city read papers.

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DR. PRATT has withdrawn from the editorial staff of the New Orleans *Medical and Surgical Journal*, and Dr. S. S. Herrick takes his place.



## BRIEFS.

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THE EXCRETORY PROCESS.—(*The Clinic*, June 15, 1878). Of the collective material present in the digestive apparatus of animals, only a portion is altered chemically and by fermentation so that it is entirely or in part assimilated. The remaining portions are not changed in the organism, but leave in their original forms after they have produced certain effects in the body. The organs through which they leave the body depend on the diffusibility of the materials. Materials but little diffusible pass through the intestinal canal only; those readily diffusible pass through the intestinal walls into the fluids of the body, and into the blood; thence they are excreted by the glands. The more diffusible the material, the greater the number of glands which take part in the excretion. In order to discover all the organs which excrete such substances, Dr. Albert Adamkiewicz examined the ways

of secretion of one of the most diffusible salts, *i.e.*, the iodide of potash. He found it in the urine, saliva, tears, milk of nursing women, sweat, secretions of the nose, and in a case of well-developed iodine acne in the contents of the pustules. In the latter the presence of the iodine was shown with some difficulty; in the other secretions with ease. The proof of the presence of the iodine in the pus of inflamed sebaceous glands was obtained after considerably diluting the nitric acid used for the iodine re-action. From the presence of the iodide of potassium in the contents of the acne pustule, he concludes that the sebaceous glands also secrete iodine, and that the salt excreted by these glands inflamed them and thus caused the acne.

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CENTRAL NEBRASKA MEDICAL SOCIETY.—This Society has been recently organized, and met at Sutton, August 1st, Dr. J. R. C. Davis, President, in the chair.

Dr. A. O. Kendall, of Clay county, presented an article on diphtheria, which gave rise to an animated discussion.

Dr. Clark, of Clay county, presented a written report of a case of sunstroke, showing a more intimate relation to exist than was formerly supposed between a disturbed electrical state of the atmosphere as a cause of this affection than of excessive heat alone.

Dr. Canfield, of Clay county, made a verbal report of an obstetric case.

Dr. Davis, of Hamilton county, made a verbal report of a case of functional disturbance of the heart, and also that of a portion of retained placenta for the remarkable period of eight months.

The annual inaugural address was delivered by the president, Dr. J. R. C. Davis, on "The Science of Medicine." It was a comprehensive review of the healing art, from the earliest time to the present, showing the rapid strides made the past few years. The address was attentively listened to by a good audience.

MARTIN CLARK, M. D., Secretary.

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DR. JAMES C. AYER, the celebrated patent medicine proprietor, died at a private asylum, July 4th, of softening of the brain, aged about 60 years. His estate is probably worth from \$15,000,000 to \$20,000,000.

ABSENCE OF SUNSTROKE IN TROPICAL BRAZIL.—A letter from San Antonio, Brazil, written by a gentleman connected with the American colony at that place, engaged in constructing the railroad from the Madeira River to Bolivia, contains some interesting information in regard to the health of the colony. Among the seven hundred men at work there, mostly from the United States, but ten were on the sick list, though it was the wet season and generally considered the most unhealthy. The temperature in the sun rose frequently to  $120^{\circ}$ , but not a case of sunstroke had occurred. "No one here," says the writer, "has ever seen a case of sunstroke in the tropics." The native and Indian laborers were subject to pneumonia, induced by sleeping on the ground without shelter of any kind. He writes that they are very short-lived, seldom reaching the age of thirty-five years, and that he has never seen an old man among them. The letter in question was dated April 16, and published in the *Philadelphia Record*,—*Pacific Medical and Surgical Journal*.

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TREATMENT OF AMENORRHŒA.—The *Practitioner* says that Professor Courty, of Paris, employs a pill composed of powdered rue, savin, and ergot, of each five centigrammes (2-3 gr.) and aloes from 2-5 centigrammes. Of these thirty are ordered, and three are taken the first day, six the second day, and nine the third day, always in three doses. They are suited for cases of idiopathic amenorrhœa, without great reaction on the economy and when there is reason to suppose that the suppression of the menses is due either to an insufficient determination toward the genital organs or to a difficulty of discharge, due to inertia of the uterus. In order to encourage the fluxion toward the genital organs, Dr. Courty orders, before beginning the pills, foot baths, sitz baths, and fumigations. He also applies leeches to the labia during the three days the pills are being taken. The pills generally induce colicky pains and often a little diarrhœa.

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CAPSICUM IN OPISM.—A writer in the *Lancet*, speaking of the habit of laudanum-tipping, thinks a remedy for it may be found in capsicum. Ten to fifteen drops of the tincture taken in some bland fluid three or, in extreme cases, four times a day will in most cases render it possible to withdraw the drug instantly and permanently. he gradual disuse of the remedy will occasion little difficulty.

RULES FOR HYPODERMIC INJECTIONS OF MORPHIA.—Dr. H. L. Harrington lays down the following rules, in the *Chicago Medical Journal and Examiner* :—

1. Never use hypodermic injections of morphia except for the relief of intense pain, or where the stomach will not retain the drug.
  2. Have a solution accurately prepared, so that the *exact* amount given is, in every instance, known.
  3. As morphine and pain are mutually antagonistic, and as it is well known that far larger doses are tolerated when pain is present, make the size of the dose proportionate to the severity of pain.
  4. Do not leave the patient until sure that no unpleasant effects will follow.
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UNGUENTUM PETROLEI.—This is the name now given to the petroleum derivative formerly called cosmoline. We have made extensive use of this substance, and find it the very ideal of an oleiform substance, beautiful in color, neutral in reaction, unchangeable through exposure, perfectly bland, soothing to the most sensitive surface, and of agreeable odor. Its use must become very extensive.

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DR. GUSSEROW, of Strasburg, has accepted an invitation to a Professorship of Obstetrics and Gynecology in the University of Berlin. Dr. Hegar, of Freiburg, is nominated as his successor in the University of Strasburg.

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CARBOLIC ACID is highly recommended by an Italian physician in enteric fever with putrescent tendency. The quantity administered must be not less than half a drachm to a drachm in 24 hours.

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AMERICAN ACADEMY OF MEDICINE.—The next meeting of the American Academy of Medicine will be held at Easton, Pa., on the third Tuesday of September, 1878, at 3 p. m.

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DR. ROBERT WRIGHT, of Centreville, Md., is now the oldest living graduate of West Point Military Academy. He graduated in 1818. He is eighty-one years old.

A MAN WHO BURST.—We have all of us, in early life, had held up to us as a warning, when too voracious, the terrible story of the boy who ate so much that he burst! The learning of maturer years led us too hastily to discredit this frightful example; for here, in the last number of the *Vierteljahrsschrift, für Gerichtliche Medicin*, July, 1878, Dr. Bremuse gives a detailed account of a man who literally burst, split his diaphragm in two and died, from four plates of potato soup, “numerous” cups of tea and milk, followed by a large dose of bicarbonate of soda to aid digestion! His stomach swelled enormously, and tore the diaphragm on the right side, causing immediate death. The case is probably unique.

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THE KORONICO PLANT.—John Arthur Francis, indorses statements recently made in an English journal with regard to the value of the koronico plant of New Zealand (a species of broom) as an astringent, and the value of its employment in appropriate cases of diarrhœa. He says that it is an old and well-known remedy among the Maories and up-country shepherds, especially for intestinal disturbances arising from drinking stagnant swamp-water in dry seasons. The usual mode of using it is by making a strong infusion of the young leaves.

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ALGERIAN REMEDY FOR HYDROPHOBIA.—The Arabs of Algeria are said to treat hydrophobia successfully by administering, internally, some species of blistering beetles. In the French journal *Les Mondes*, M. Reiche states that the fragments which were sent him are those of coleoptera of the species *Meloe tucius* and *Mylabris tenebrosa*, belonging to the family of blistering beetles, and well known as powerful vesicants. Their congeners are common in France (and America), and possibly the same effect would be produced by cantharides.

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THE PARIS MEDICAL says of Battey's operation: “It is not only rash, but is to be condemned for its boldness. We cannot approve the conduct of a surgeon who thus plays with the life of his patients, especially when we remember the gravity of deep lesions of the peritoneum. We are happy to state that no French surgeon has followed the footsteps of the American.”

**BORACIC ACID OINTMENT.**—This ointment is used in University College Hospital, as an application for burns, and is made according to a formula of Mr. Godlee, as follows:

Boracic acid in fine powder,	. . . . .	1 part.
White wax,	. . . . .	1 part.
Paraffin,	. . . . .	2 parts.
Almond oil,	. . . . .	2 parts.

Melt the wax, paraffin, and oil, with a gentle heat; then add the acid, and continue stirring until it remains of uniform consistence. Before using, it should be reduced to a soft mass by rubbing it in a cold mortar.

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A PARISIAN correspondent writes of Professor Charcot:—He is doing an immense private practice. The victims of various diseases from all quarters of the globe flock to Paris to avail themselves of his skill. It is impossible to obtain an interview with him at his house without attending for several consecutive days during six hours of reception. His engagements for visits and consultations usually anticipate all the available hours of a week, and frequently of a much longer period.

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**TREATMENT OF BURNS.**—If the epidermis has not been removed, mild antiphlogistic means should be used, as a laudanum and lead water. If it has been destroyed, soothing ointments are very comforting to the parts, as oxide of zinc ointment; anything, however, that will prevent the contact of the air with the excoriated surface, and soothe the exposed nerve filaments, can be used. Internally, give anodynes sufficient to relieve pain, and stimulants to counteract shock and depression.

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**VERATRIA** often produces complete intermission of fever when quinine has failed. Its effect is probably due to increased arterial pressure, caused by moderate doses, for this promotes loss of heat through the skin.—*Binz*.

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“**MECONIOSIN**” is the name of a new derivation from opium. It crystallizes in leaf-like masses, but its place in therapeutics has not yet been fixed.

FANNIE BURDETTE, or more correctly, Mrs. W. H. Bristol, is perhaps the smallest of living mothers, her height being only two feet eight inches, and her weight fifty pounds. She has been married two years and has lost one other child, stillborn. Her husband, formerly door-keeper to the circus with which Mrs. B. traveled, is of full size.

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SUMMER COMPLAINT.—Dr. Gibbon, of North Carolina, claims great success in summer complaint of children. He gives 10 grains of sub. nit. bismuth every 1, 2 or 3 hours according to severity of the case. In cholera infantum he gives first a dose of calomel and follows with the above treatment.

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PROFESSOR VIRCHOW, of Berlin, believes he can furnish proof, from a Bulgarian skull, that the Bulgarians are not of Slav, but of Turkish origin. For this purpose Herr von Honika will shortly bring from Roumania fifteen skulls of Bulgarians who were killed by the Turks.

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DISTINCTIONS TO MEDICAL MEN.—Péan, surgeon to the Hospital Saint Louis, Paris, has been made an officer of the Legion of Honor, and Rauvier, the celebrated histologist, professor of the College of France, has been created a Chevalier of the same order.

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A CASE of hydrophobia, occurring six months after the bite of a dog, and death in thirty-six hours, is reported by Thomas Buzzard, M. D., Physician to the National Hospital for the Paralyzed and Epileptic, in the *Lancet* of June 29th.

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PROPORTION OF PHYSICIANS TO THE POPULATION.—United States, 1 in 600; France, 1 in 1814; Great Britain, 1 in 1872; Germany, 1 in 3000; Austria, 1 in 2500; Canada, 1 in 1193.

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DR. LE MOYNE, of Washington, in this State, the famous cremationist, has given \$20,000 to a colored educational institute in Tennessee.

## BOOKS AND PAMPHLETS.

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- TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.—Eightieth annual session held at Baltimore, April 1878. Contains many highly instructive papers and an engraving of the distinguished surgeon the late Professor N. R. Smith.
- THE SOFT PALATE.—Its value in diagnosis as compared with the tongue in derangements of the liver, malarial diseases, and exanthematous fevers. By W. Abram Love, M. D., Atlanta.
- TRUE AND FALSE EXPERTS.—By Eugene Grissom, M. D., LL. D., Superintendent Insane Asylum of North Carolina. To which is appended a Rejoinder, to Dr. Hammond's "Open Letter."
- NEURALGIA AND ITS MODERN THERAPEUSIS.—By Jas. B. Baird, M. D., Atlanta
- TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA, 1878. Jas. P. Harrison & Co. Printers, Atlanta. One of the neatest volumes of its kind we have received—valuable alike in quality and quantity of matter contained therein.
- THE FUNCTIONS OF THE ANAL SPHINCTERS, so-called.—By Jas. R. Chadwick, M. D., Boston.
- CERTAIN SYMPTOMS OF NERVOUS EXHAUSTION,—By Geo. M. Beard, M. D. Read before the New York Academy of Medicine, April 4th, 1878.
- EIGHT CASES OF INTRA-LARYNGEAL GROWTHS REMOVED THROUGH THE NATURAL PASSAGES.—By J. H. Hartman, M. D., Baltimore.
- REMARKS ON SOCIAL CONSERVATISM.—By J. W. Singleton, M. D., Paducah, Ky.
- THE OBSTETRIC FORCEPS, WHEN AND HOW TO USE IT.—By Geo. J. Engelmann, M. D., St. Louis.
- CHRONIC GRANULAR CONJUNCTIVITIS.—By T. E. Murrell, M. D., Little Rock, Ark.
- URETHRAL STRICTURE.—By Thos. R. Brown, M. D., Professor Operative Surgery and Diseases of the Genito-Urinary Organs, College of Physicians and Surgeons, Baltimore. Reprint from Transactions of Medical and Chirurgical Faculty of Maryland, April 1878.

TRANSACTIONS OF MISSISSIPPI STATE MEDICAL ASSOCIATION, VOL. XI, 1878.—A tastily arranged volume of 168 pages containing many papers of value to the profession.

BIBLIOTHECA MEDICA.—Robert Clarke & Co., publishers, Cincinnati. A catalogue of American and British books, pertaining to medicine, classified by subjects with an index of authors.

TRANSACTIONS OF THE MASSACHUSETTS MEDICAL SOCIETY,—for 1878.

ANNUAL REPORTS OF THE SUPERVISING SURGEON GENERAL OF THE MARINE HOSPITAL SERVICE of the United States, for the fiscal years 1876 and 1877. Shows the operations of the service with financial exhibit, relief, etc.

THE PHYSICS OF THE INFECTIOUS DISEASES.—By C. A. Logan, M. D., Chicago. Jansen, McClurg & Co., Publishers.

This volume treats of the infectious diseases, their history, classification and geography; the physics of specific causation, comprising a discussion of the bacterial and other hypotheses, etc.



## OBITUARY RECORD.

DR. JOHN C. BEALES, whose death was recently chronicled in the daily papers, was born in Norfolk, England, in 1803. He received his medical education at St. George's Hospital, in London, and was a private pupil of Sir Benjamin Brodie, and afterwards prosector and dresser to Sir Astley Cooper. Receiving an extremely lucrative appointment as surgeon to English mines in Mexico, he went there in 1824. A few years later he moved to the city of Mexico, where he engaged in private practice, and was made Professor of Obstetrics and Surgery in the old college of the city. About the year 1839 he came to New York, and within a few months entered into partnership with Dr. William Barrow. He was one of the founders of the St. George's Society, and for ten years its president. Though a sufferer for the last thirty years from an enlarged heart, he continued the active practice of his profession until within two years. He leaves behind him an unusual number of devoted friends, bound to him both by strong professional and personal ties.—*N. Y. Medical Record*.

THE death is announced of M. Foville, whose name is so well known on account of his researches on the anatomy of the brain. His studies on the structure and functions of the central nervous system were commenced during his residence at La Salpêtrière, where he worked under Rostan and Esquirol, and were continued during his charge of an asylum at Rouen, and at a later date at Charenton, where he succeeded his old teacher, Esquirol. In 1844 his Atlas of the Anatomy of the Brain was published.

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DR. CRENSHAW, of Louisburg, N. C., was found dead in his bed on Friday 9th of August. As was the custom his servant took his breakfast into the room, late in the morning, and reported him sleeping. At dinner time he had not aroused and the fact being reported to his daughter, he was found to be dead, with every appearance of having died early the night before.

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DR. MATTHEW ALEXANDER EASON WILKINSON, a very eminent British physician, has just died at Manchester, aged sixty-four. He married *en secondes noces* in 1834, Louisa, only surviving child of Mr. George Henry Walker and his wife Marianne Hemmings of Longford, near Philadelphia.

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IN THE death of Prof. Charles Henri Ehrmann, of Strasburg, at the advanced age of 86, the profession loses the Nestor of laryngologists. He was author of a classic on polypi of the larynx.

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DR. FRANCIS N. LUCKY, died at his home, in Rowan county, N. C., Thursday, the 8th of August, at 1. p. m. He was a good man, a good citizen and a physician of note.

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DR. BARTELS, Professor of Medicine in the University of Kiel, died on June 20th.

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DR. CHAS. C. WOODWORTH, of East Berkshire, Vermont, died of consumption, on the 5th of August, aged 32 years.

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## ORIGINAL PAPERS.

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### SOME THOUGHTS CONCERNING THE ORIGIN AND SPREAD OF YELLOW FEVER, AND THE MEANS OF PREVENTING IT.

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BY N. S. DAVIS, M. D., CHICAGO, ILL.

The severe prevalence of yellow fever, at this time, in New Orleans, Vicksburg, Grenada, Memphis, and other parts of the lower Mississippi valley; and the circumstances attending the present methods adopted for preventing its spread, certainly call for a very careful review of what is known concerning the causes of that disease and the laws that govern their development and diffusion. During the last few years, the doctrine that all infectious diseases, like cholera and yellow fever, have for their essential cause some species of organic germ which is native in certain localities, as the cholera germs in India, and the yellow fever germs on the tropical part of the western coast of Africa, and in the West Indies, and that they are capable of spreading beyond these native limits only by importation, has been so generally accepted, that it has become the basis, of almost all the sanitary measures adopted to limit the spread of these diseases, and to extinguish them wherever they make their appearance. To adopt the most vigorous measures for hemming in the disease as soon as it makes its appearance in any given locality, and thereby prevent the possibility of its transmission to other places; and to destroy the supposed germs where they exist by the liberal use of antiseptics or disinfectants, are the natural and logical deductions from the doctrine above stated. Hence, from the first day that yellow fever was known to exist in New Orleans the

present Summer to this time, efforts to maintain the most stringent quarantine by sea and by land, and the most profuse disinfection, have engrossed almost the entire attention of Health Boards, municipal governments, and all others in authority. Every other interest has been made subordinate to the two ideas expressed by the words quarantine and disinfection. The first has effectually arrested commerce and intercourse, even by mail, throughout a great part of the Mississippi Valley and its tributaries, and led to some scenes of hardship and cruelty that, under other circumstances, would make humanity blush. The last has been dealt out so liberally in the infected localities, that in New Orleans it so impregnated the waters into which the surplus drained, as to kill the fish in great numbers, and had the material used been sufficiently volatile to have diffused itself readily in the air, it would doubtless have killed the inhabitants as dead as the fish. And what has been the result? Have either of the leading objects sought been accomplished? If we adhere to simple facts we must acknowledge that they have not. The efforts at inland quarantine have arrested commerce and intercourse; added greatly to the suffering from want of supplies in the infected localities; and helped to keep the sick and well shut up together under the terrible effects of both destitution and fear; and yet so far from confining the disease strictly to the city originally infected, it has attacked successively every locality from New Orleans to Memphis, where the elements favorable for its development, existed, and cases have been carried north as far as St. Louis, north-east to Pittsburgh; and even across the Alleghanies to Philadelphia, while individuals and families directly from the infected cities have found their way into almost every city and neighborhood in the middle and northern parts of the United States. Hence as an agency for preventing the disease from spreading beyond the primary places of infection, the inland quarantine has proved an entire failure, as the cases and deaths that have occurred in parties after arriving in Cairo, St. Louis, Louisville, Cincinnati, Pittsburgh, Philadelphia, and other places, fully prove. While such are the facts in regard to the effects of quarantine, the failure of all efforts to "*stamp out the disease*" when-

ever it made its appearance in a given locality, by means of disinfectants, fumigations, etc., has been still more striking and complete. In each of the chief cities where it is prevailing,—New Orleans, Vicksburg, Grenada, and Memphis, the cases of disease were at first confined to particular streets and very circumscribed localities. And in each, the Health Officers and municipal authorities promptly and vigorously applied the most efficient disinfectants known, and followed them up without stint as to quantity or perseverance. And yet with no more apparent effect in preventing the continuance and spread of the pestilence, than though they had used nothing but cold water.

It may be said, therefore, that so far as shutting out or circumscribing the prevalence of the disease by inland quarantine, and the stamping of it out of places where the local conditions were favorable for its prevalence by disinfectants, the efforts of the profession with the most efficient aid of municipal and public authorities have failed so completely that it becomes a professional duty to study the causes of failure, and to gain valuable lessons for the future.

As already stated, our preventive measure thus far, consisting chiefly of quarantine and disinfection, have rested on the assumption first that the cause or causes of yellow fever are exotic, so far as relates to the southern portion of the United States, and consequently, that it never prevails with us except when such cause or causes are imported; and second, that the essential cause consists of organic germs capable of rapid self multiplication and diffusion whenever introduced into an atmosphere containing the elements and conditions favorable for their propagation, but which are capable of being destroyed by disinfectants. Are these fundamental propositions, on which sanitary measures of so much importance have been based, sustained by a sufficient number of perfectly reliable facts; or are they merely plausible hypotheses, *invented* for the purpose of explaining such facts as have been observed? So far as real facts are concerned, as distinguished from suppositions and probabilities, it must be admitted that neither of the propositions have been satisfactorily proved.

While the facts would appear to show clearly and positively that the causes of the disease have been imported into some places, apparently furnishing the nucleus of epidemics, it is equally certain that the disease has commenced and progressed to a severe epidemic prevalence in many places without any possibility of tracing its causes to any foreign source. The latter was notably true concerning the origin of the disease in Newbern, N. C., in the autumn of 1864; on board of the naval vessels in the Mississippi below New Orleans in the autumn of 1864; in Texas in 1867; in New Orleans the present summer; and in many other places that might be named. Therefore, instead of abandoning actually observed facts, and resorting to mere suppositions of what *might have been*, to fill up the gaps necessary to sustain the theory of the exclusively exotic origin of yellow fever in the southern part of our country, it would be much better to make the theory conform to the known facts, by admitting that the essential cause or causes of the disease may be both imported from infected districts abroad, and developed directly from local conditions liable to occur in many places bordering on the gulf and the southern part of our Atlantic coast. A full recognition of this view by the profession, would not only be in consonance with the known facts, but it would greatly favor the adoption of far more reliable sanitary measures as we shall see in the sequel. In regard to the second proposition, namely, that the essential cause of the disease consists of organic germs, capable of rapid multiplication under favorable circumstances, and of more or less diffusion in the atmosphere, it must be admitted to be purely hypothetical.

No one has identified the supposed germs, either in the blood of the person sick with the disease, or in the atmosphere of infected localities; and we have the same right to assume that the circumstances known to favor the prevalence of yellow fever, cause the local evolution of gaseous or chemical products, or modify the natural elements of the atmosphere, as to suppose they feed and multiply living germs whether animal or vegetable. While we have no facts that justify a positive deduction or conclusion concerning the nature and form of the specific cause of

yellow fever, we have, what is of far more practical importance, an overwhelming accumulation of observations made concerning every epidemic that has occurred either in this country or in Europe; all going to show that the prevalence of the disease is positively controlled by local circumstances and geographical limits. Continuous high temperature; high degree of atmospheric moisture; and an atmosphere impregnated with the products of animal or vegetable decomposition, usually called miasms, are the most obvious essential conditions without the coëxistence of which, the disease will not prevail. The production of the causes and the prevalence of the disease is, therefore, as absolutely limited by the circumstances belonging to latitude, altitude, geology, topography, and season of the year as is intermittent or remittent fever. The chief differences observed between the conditions necessary for the production of yellow fever and common intermittents and remittents, are, that the former requires a higher continuous temperature and a greater concentration of local miasms, and consequently is restricted to much narrower geographical limits, than the latter. That the former is as absolutely incapable of propagating itself beyond the limits of the local conditions known to favor it, as is the latter, is proved by the history of every epidemic of which we have any account in the literature of our profession. As specimens of the facts proving this, I will take time here to allude only to the following: In an official report concerning a severe epidemic of yellow fever in Lisbon, it is stated that "of 182 persons who left Lisbon for different places in Portugal, carrying with them the germ of yellow fever, which broke out or developed itself in them after their arrival in those places, 86 of them died. In *no instance* was yellow fever communicated from them to any other person in the places whither they went." The Royal Mail Steam-Ship *La Plata*, coming from an infected port in the West Indies, arrived at Southampton, England, November 18th, 1852, having had fourteen cases of yellow fever on board during the voyage.

The ship was detained in quarantine only two days, after which her mails, crew and passengers went freely on shore. On the 28th of November, the fourth engineer who had lodged in the

city for eight days, but had continued to work on the vessel, took sick of the fever and died after a week's illness. Yet no other case occurred in the town. In the Summer of 1847-48, cases of yellow fever were brought in ships from the West Indies to the quarantine station, then on Staten Island, New York. The atmospheric temperature was high, and an unusual quantity of sea weed had been drifted along the shore of the Island and was decaying sufficiently to impregnate the atmosphere on shore. The disease gained a lodgment and had quite an epidemic prevalence on a section of that coast of the Island some six miles in length and two or three miles in width entirely out-side of the quarantine grounds. During such prevalence a young lady was visiting some friends in the infected district, and after having been fully exposed, returned to her father's residence in the most densely populated portion of New York city. In a very few days she was attacked with the disease, and passed through its whole course without being removed from the family residence. Yet not another case occurred either in the family, or in that part of the city. Dr. J. J. Woodward, in his report concerning the yellow fever of 1867 in the army, says that, at Galveston, Houston, Hemstead, New Orleans and Fort Jefferson, the soldiers stationed at those places were required to remain and face the pestilence, and at each the greater portion of those exposed were attacked.

On the other hand, at New Iberia, Baton Rouge, Alexandria, and Shreveport, the soldiers were removed to camp in the country on the first approach of the disease and almost wholly escaped; while at Indianola, Mobile, Pass Christian, and Newbern, they were removed after the disease had actually appeared among the men, and yet nearly all who were thus removed escaped the disease; and what is more significant to the question immediately under consideration, is the fact, that in no instance where the soldiers were removed to healthy localities did they give rise to any spread of the disease among the inhabitants of such places.

But why go beyond the facts presented in the progress of the epidemic now scourging many places in the lower Mississippi Valley, for proof that its prevalence depends absolutely upon

local causes? While the disease has steadily advanced to full epidemic development in spite of the most profuse disinfection in each locality where the local causes were favorable for it; and passed steadily on from New Orleans to Memphis, and Grenada; entirely regardless of all the efforts at quarantine; several weeks have elapsed since refugees from each of the infected cities have found their way into Nashville, Louisville, St. Louis, Cairo, Cincinnati, Wheeling, Pittsburgh, and Philadelphia, and have, in one or more instances sickened with the fever and died in each of these populous places.

Some of these have died in hotels, some in hospitals, some in private houses, and in all instances they have been attended by physicians and nurses, yet up to this date (September 2nd), not a single instance has been reported in any of these places where the disease has attacked the resident population, or given any indication of local propagation.

The important conclusion concerning the conditions and laws governing the origin and spread of yellow fever, fully sustained by the facts observed during the present and all preceding epidemics of that disease, may be stated briefly as follows:

1st. The essential cause of the disease, whether animal, vegetable, or chemical, depends for its development and propagation or spread, on conditions of a strictly local character found coëxisting only within certain geographical limits.

2nd. The most important of the necessary coëxisting conditions so far as ascertained, are, continuous high temperature, excess of atmospheric moisture; the presence in the atmosphere of the products of vegetable or animal decomposition; and such geographical position in relation to latitude and altitude as to secure a great predominance of the warm over the cold season of the year. The absence of any one of the first three conditions here named positively prevents the development or spread of the disease. That part of the north-western coast of Africa bordering on the Atlantic, and the Mediterranean, and the West India Islands where these conditions always coëxist in a prominent degree, the disease is indigenous or endemic, prevailing more or less during the warm season of almost every year. While within

certain limits both north and south of the regions just named the cause of the disease may be, either developed locally or imported from other places and spread, whenever a season occurs in which the essential conditions coëxist in an unusual degree.

3rd. As all the known conditions essential to the development and spread of the disease, pertain to the atmosphere, it is plain that the essential cause must be developed in the atmosphere and not in the living human body. Consequently if such cause spreads or becomes transferable from one place to another, it is solely by atmospheric infection and not from personal contagion. And no amount of atmospheric infection by importation or otherwise can propagate the disease or its causes, in any locality where the atmosphere does not contain the required temperature and local impurities.

4th. The causes and conditions giving rise to the disease being exclusively of local atmospheric origin, are neither developed in nor evolved from the bodies of the sick; and hence the transference of any number of persons whether sick or well from infected places, to localities where the essential atmospheric conditions do not exist, never has and never can propagate the disease in the latter places.

None of the foregoing propositions are new. On the contrary, they vary but little from the conclusions drawn by nearly all writers who have given the subject an impartial investigation during the last twenty-five or thirty years. Yet, if true, they afford a basis for, or guide to, the adoption of sanitary measures of the highest value and efficiency, and entirely consistent with the principles of humanity, as well as the business interests of the country.

They clearly indicate that the first and most important of all the measures for preventing the development of yellow fever in any given place, either locally or by importation, are such as will remove one or more of the conditions necessary for the production or spread of the disease. Of these conditions, the one most readily under human control, is the contamination of the atmosphere from local sources of vegetable and animal decomposition. It is well known that the chief sources of such decomposition

are, imperfect and uncleanly sewers or cess-pools, foul and stagnant water; and low, moist, ground rich in vegetable matter.

To remove these sources of atmospheric impurity early in each year, and keep them thoroughly removed until the close of the warm season, and thereby prevent the supply of local material on which the essential cause of yellow fever depends for its propagation, is the *only reliable* safeguard against the development of this disease in any place within the geographical range of its prevalence. If this is neglected until the atmosphere of any locality becomes filled with miasms as a pabulum for the fever poison and the Summer temperature prove continuously high, the disease will prevail and spread in defiance of all the inland quarantines that can be devised. But if a sufficient degree of cleanliness in regard to streets, alleys, gutters, sewers, and stagnant waters, to prevent the atmosphere from becoming filled with the products of decomposition and impurities, is accomplished early in the season and faithfully maintained until the frosts of autumn, there will be no danger of the prevalence of yellow fever, either by importation or otherwise. The point of vital importance is to *prevent* the development of the noxious material that constitutes the pabulum on which the essential cause of the disease feeds or out of which it originates. The mistake which is constantly being made by those having charge of sanitary matters in almost every locality, is the delay in executing the necessary measures of cleanliness, disinfection, and drainage, until so late in the season, that the processes of fermentation, decomposition, and change in the local accumulations of moist organic matter, have already begun and impregnated the atmosphere with their poisonous products. If we wish to keep a barrel of new cider sweet, we do not wait until the process of fermentation has fairly begun, before we put into it a few ounces of sulphite of lime or other antiseptic. If we should our object would certainly be defeated. Dr. Polli, in his experiments on living animals, did not first introduce the putrid animal matter into the veins of the dog and wait until it could commence its septic influence on the blood, and then follow it with the sulphites. On the contrary, in every instance where the health of the animal was preserved, the blood was first impreg-

nated with the antiseptic, and the putrid material followed it. It is the influence, catalytic or otherwise, of the presence of antiseptics in preventing those changes in organic matter that gives rise to bacteria, microphytes or any other form of morbid material, which we need in sanitary measures, rather than in destroying such material after it has been generated and more or less diffused in the atmosphere. If one-hundreth part of the carbolic acid, lime, and other disinfectants, that has been used in New Orleans, Vicksburg, Memphis, and other places, in the lower Mississippi Valley, since the yellow fever attacked those places, had been judiciously applied in connection with other needed measures of cleanliness, during the months of April, May and June, and then repeated at proper intervals in July, August and September, there is every reason to believe that the present appalling epidemic would have been either wholly prevented or rendered so mild and limited as to have attracted no general attention. To delay the adoption of efficient sanitary measures in any community, until some dreaded epidemic is knocking at the door, is about equal, in economy, to locking the stable door after the horse has been stolen. To secure to any community, pure air, good water, and cleanliness, will repay ten-fold the cost, by preventing sickness and deaths from ordinary diseases, if no special epidemics were possible.

The second series of preventive measures of great importance are suggested by the third and fourth propositions stated above, and are as follows:

1st. The municipal and Health authorities of every important city or town on the coast of the gulf, from the Mexican boundary to Charleston on the Atlantic; on the Mississippi from New Orleans to St. Louis; on the Red River below Shreveport; on the Ohio below Pittsburgh; and on the principal lines of Railroad in immediate connection with such cities and towns, should deliberately select the nearest unoccupied, dry, elevated place, containing pure air and good water, and as readily accessible as possible, to which all families willing to go could be speedily removed from an infected street or section of a town or city, and

accommodated in tents or other temporary structures until they could safely return to their homes.

Wherever this principle of speedy removal was acted upon by our army, it proved entirely successful in stopping the spread of the disease among the soldiers, and its imperfect and limited adoption at Memphis the present season has been of great value.

If the proper places were carefully selected beforehand, and a supply of tents or other material kept under the control of the proper authorities, so that on the first appearance of the disease in a neighborhood those exposed could be removed without delay, and ordinary supplies of provisions for the poor dealt out *only* at the camp or camps, there would be but little difficulty in limiting the local spread and fatality of any epidemic. While such camps would chiefly operate for the benefit of the poorer classes, (and wherever it should be possible to find the proper grounds on railroad lines within a radius of from ten to twenty miles of the city, many of the working men could go in every morning and continue many kinds of work,) all who were able to provide for themselves and their families away from home and were not thoroughly acclimated, should be encouraged to go early and freely, the only condition imposed being that they should not stop until they had passed entirely north of the climatic zone of yellow fever. The only internal or inland quarantine regulations required are the selection of suitable and well prepared healthy stations a few miles from each of the more important cities on the great lines of travel, whether by river or rail-road, where boats and trains shall halt long enough for inspection and if any are found sick of the fever they shall be transferred directly to the station and cared for, the boat or car thoroughly ventilated, and allowed to proceed with all the well persons, to any proper northern destination. The great north-western region bounded on the east by Waukesha, Macinac, and Marquette, and extending indefinitely westward over the northern peninsula of Michigan, northern Wisconsin, and Minnesota; and the whole Alleghany range in the north-east, from Virginia to the Adirondacks, are sufficient to accommodate every unacclimated person in the lower Mississippi Valley and in our southern seaport cities; and they could no more spread the yellow fever in those regions than intermittent fever could be spread on Mount Washington.

2nd. The same principles apply to commerce and business. There is no positive evidence whatever, that the disease is ever transmitted by simple contact with the sick, nor by either articles of clothing or merchandise that have been freely exposed to the air outside of an infected locality. It is only when the *infected air* of the locality where the disease is prevailing, is shut up in the hold or apartments of a ship, boat or car, or boxed up with goods in boxes or trunks that it can be carried to distant places and retain its active properties. And even when so carried, it must be let out in an atmosphere in the new locality at the proper high temperature and containing the necessary local miasms or impurities, or it becomes utterly harmless. All that is necessary, therefore, is to have all ships, boats, and cars carrying freight, stopped at suitable places outside of populous towns, inspected, all parts thoroughly ventilated and cleansed; and where goods had been packed in bales, boxes, or trunks, the same opened and aired before they are received by the parties to whom they are consigned. If the municipal and health officers throughout the Mississippi Valley had been prepared, at the first beginning of the present epidemic in New Orleans, to have acted promptly in accordance with the foregoing suggestions, and their action been cordially sanctioned by the people of the north, how vastly different would have been the result. Instead of throwing every possible obstacle in the way of the escape of the unacclimated and timid, from the infected city or cities; stopping commerce and business, and consequently supplies; throwing laborers out of every kind of employment, thereby adding to the dread of pestilence the still more destructive horrors of famine, idleness, and isolation from the rest of the world; tens of thousands of those who have been compelled to remain, substantially imprisoned within the infected regions or to overcrowd the few places like Nashville, Holly Springs, Louisville, and to a less degree, Cincinnati and St. Louis, near the borders of the climatic yellow fever zone, would have been enjoying health and vigor in the regions indicated in the north; other thousands of the poor would have been in healthy encampments, where their wants could have been easily and regularly supplied; the business of the country would have proceeded in its ordinary channels, and the lives of at least one-half of those who have fallen victims to the pestilence would have been saved. I am not writing for the purpose of simply criticising those in charge of the Sanitary regulations of the present Summer; but solely for the purpose of opening the way for future measures far more nearly in accord with

the well settled principles of Sanitary science as applied to the known facts concerning the conditions on which the origin and spread of the yellow fever depend.

I apprehend that twenty-five or fifty years hence, when the students of history, both in and out of the profession, read that in the Summer of 1878, on the breaking out of yellow fever in a few places on the lower Mississippi, such sanitary and quarantine measures were speedily adopted, as literally threw whole communities into such a state of isolation, that terror and actual deprivation of the necessities of life, proved more destructive than the pestilence itself; and that a boat freighted with human beings from one of the infected places was compelled with its sick and well huddled together on board, to keep the middle of the Ohio River until it had traversed the borders of four great states, and until nearly the entire number had perished, they will certainly regard it as anything but evidence of the enlightenment; I had almost said, of the civilization of this one day.

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## ANTISEPTIC SURGERY AND PENETRATING WOUNDS OF THE KNEE-JOINT.

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BY JUNIUS L. POWELL, M. D., RESIDENT PHYSICIAN, UNIVERSITY  
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Few surgeons of the present day approach extensive injuries of the knee with other than grave apprehensions as to their results. These feelings are engendered, in a great measure, by the accumulated experience of high authorities for a long series of years. In order to perfectly realize the gravity of these lesions, as indicated by such authorities, let us place before the reader, as a text, some lengthy extracts from their written works. "Bullet wounds of the *knee-joint*" says Erichsen, in his latest and most excellent work, "are amongst the most serious injuries in surgery and this whether the bones be much comminuted or not, provided the epiphysis of the tibia or femur be perforated or the articulation be fairly traversed or even penetrated by the ball. *Prior to the American war there were but seven cases in which excision of the knee had been done for gun-shot injury—five in military, two in*

civil practice, the two latter cases recovered, the other five died. In the American war the operation was done eleven times. In two cases, one primary the other secondary, recovery took place; *nine deaths resulted chiefly from pyæmia*. In those cases in which the patella alone was excised death ensued. During the late war the results of excision of the knee, both primary and secondary, have been so uniformly bad that the operation for the future will probably be abandoned in military surgery. The operation would be doubtless advisable in cases of gun-shot wounds of the knee occurring in civil practice, when every possible care can be bestowed upon the after treatment, hygienic conditions and diet of the patient; but where this is impossible as after a great battle, it is almost certainly fatal, *contrasting most unfavorably with primary amputation in the lower third of the thigh*. When amputation is determined on, the operation requires to be performed early, not because the apparent injury may be very severe, or the mutilation of the limb so great as obviously and imperatively to call for amputation, but because experience has shown that unless the limb be removed at an early period after consequences of the most serious and fatal character will to a certainty ensue. Extensive suppuration of the joint, deep and large abscesses burrowing amongst the muscles of the thigh and consequent exhaustion of the patient by hectic, or his destruction by pyæmia, are the conditions that amputation performed at an early state can alone avert. This necessity for early amputation in penetrating bullet wounds of the knee joint is recognized by all modern military surgeons. Guthrie and Larrey in the French wars, Esmarch and Stroy Meyer in the Schleswig-Holstein campaign, and the surgeons in the Crimea, all found that the attempt to save the limb so injured led to the sacrifice of the patient's life."

Again, from the same work.—"Wound of the knee-joint is one of the most common and most severe of such injuries (viz: of the joints). When the result of gun-shot violence it imperatively demands immediate amputation; when produced by a puncture or clean cut, the wound must be closed, and ice and *antiseptics* employed assiduously. Should suppuration occur, the joint must be freely laid open by long incisions and *commonly amputation*

*will be required.* The abscess will commonly form deeply in the thigh rather than in the joint itself; and in a very insidious manner. The limb swells up to the trochanters, becomes very tense, painful, hot and œdematous, with great constitutional disturbance and irritative fever. But the joint may be but little swollen and many days will often elapse before fluctuation can be felt in it or in the thigh. It is this absence of swelling in the knee itself that may mislead an inexperienced practitioner. At length the abscess may approach the surface upon the knee; and on the incision being made, an immense quantity of pus is discharged. The abscess forms as a consequence of the escape of some of the irritating contents of the suppurating synovial membrane close upon the anterior surface of the femur. It crops up and surrounds the bone under the deep muscles of the limb, which are separated from the bone and may reach as high as the trochanters before it is detected. It is this depth in the limb at which the abscess is seated that gives rise to the difficulty in its detection, the violent constitutional disturbances it occasions and its extreme danger."

Every accident or incident likely to occur in the clinical history of the injuries under consideration is fully narrated in the above extracts, which are presented at such length in order that we may be able to eliminate those which seem to be most potential in influencing them for good or for evil. It would be hard to believe that the recorded and combined testimony from such sources as have been cited could be founded upon any other than correct observations, but it is a crowning credit to our profession, nevertheless, that, as a progressive science, she waits not perpetually upon the teachings of our older masters, but from year to year finds new ground upon which to erect her own new and stately edifice. From the above it is manifest that the great factor in determining the denouement in these cases is to be found not in surgical dexterity in dealing with them, but in the local treatment and care of the patient. Theoretically, antiseptic surgery, as practised by Lister, would seem to offer the surest means of averting the evil consequences so much to be apprehended, and I propose presently to present some *facts* which sustain this opinion. We must

look, however, for the main part of our statistics, upon the subject to the field of military surgery. The most complete compilation in this country, is no doubt to be found in the office of the Surgeon General of the United States Army, furnished out of the material of our late war, but it would be a laborious task to ascertain exactly what proportion of amputations of the lower extremity, as a result of gun-shot wounds of the knee, was practised in obedience to the law which has been so firmly inculcated. The evidences of such practice are to be seen all over the land in those unfortunate subjects who are doomed for the balance of their lives to the use of an artificial limb. Now for the testimony which I promised to offer just now. Dr. C. R. Reyher, consulting surgeon with the army of the Caucasus, during the late war, has published in the St. Petersburg *Medicinishe Wochenschrift*, March 9th, 1878, an account of the cases under his care in the campaign. Out of a total of 81 cases of wounded knee, there were 28 in which the bullet was driven into the parts. Eighteen cases were treated from the onset by the antiseptic method—"primary antiseptic treatment." The mortality of these was 16.6 per cent. In none of the eighteen treated was either primary or secondary amputation performed. The fifteen who recovered, not only recovered without loss of limb, but they also recovered motion in the joint. Of the three deaths, one was caused by hæmorrhage from wounded popliteal artery and vein, one from lung disease (Fettembolie, fatty degeneration of lung capillaries) two days after being wounded, and one from tuberculous suppuration (of the knee), hectic, uncontrollable diarrhœa. Forty cases were at the outset, treated without regard to antiseptic principles, *i. e.*, they were explored without antiseptic precautions, without cleansing of wound by antiseptic washes or injections, without antiseptic bandages or dressings; *subsequently* they were subjected to antiseptic treatment, "secondary antiseptic treatment." The mortality in this group of cases was 85 per cent. Intermediary amputation was performed in nine of these of whom seven died. *Secondary amputation* was performed in twelve cases, of which nine died. One only of a total of 40 cases, treated by

partial use of antiseptics recovered with the limb saved, that limb remaining ankylosed. The 34 deaths were caused; 10 by "septic inflammation," 12 by "metastatic embolic pyæmia," 4 by "per acute diffuse suppurative arthro-meningitis," 7 by tuberculous suppuration, hectic, 1 by carbolic acid poisoning. *Twenty-three* cases were at one time treated antiseptically; of these 13 underwent secondary amputation; of the total 23 cases, 22 died, showing a mortality of 96 per cent. of those treated entirely without antiseptics. The causes of death investigated microscopically were; 3 from septic inflammation, 7 metastatic embolic pyæmia, 5 tuberculous suppuration, hectic, 1 dysentery, 1 cause unknown, autopsy having been neglected. Can anything indicate a greater revolution in the results of practice than this? We will not go into the minute details of the methods adopted by Dr. Reyher as delineated in the article which has suggested the preparation of this paper. They must occur to every surgeon who is well up in the medical literature of the day. But, just here, let us inquire, how many surgeons there are who being interrogated as to the causes of the great mortality of injuries to the knee-joint who would fail to speak of "shock" as being one of the most potential agents in its production, though in the foregoing not one word has been said upon this point. It cannot be denied that the sudden and crushing injury done to these parts by projectiles may and sometimes does produce an impression upon the system from which it is unable to rally, but barring these cases which are few, and directing our attention to those which pass safely over that stage, the most serious condition to be combated is that of subsequent suppurative inflammation, and here we at once see the great advantage of Listerism. It is indeed a signal triumph for experimental surgery and as any means which offers the slightest hope of reducing the frightful consequences which have heretofore been inseparable from such accidents merits the most careful and tentative study of the profession, these statements of Dr. Reyher should receive their closest attention. It is my opinion that too willing obedience has been rendered to our predecessors, on this subject, and this opinion was expressed in a contribution of mine which appeared

in the *Virginia Medical Monthly*, in April, 1875, being founded upon the history of some cases which I had under my care during service in the United States army, and while stationed on the western frontier. A repetition of their history, which eventuated in recovery with stiff joint, would make this paper much longer than I intended it to be, as would also any reference, which would necessarily be lengthy, to the anatomical and physiological, or pathological characters, which distinguish open or penetrating wounds of the knee and amputations of the thigh, and hence I have a feeling that my present task is in a measure incomplete. My chief purpose, however, is to call attention to a field which has heretofore offered but little that was inviting to the scientific inquirer, but which now appears to open a new page in the annals of conservative surgery. It is true, as I have said, that most of our knowledge upon the subject about which I have been writing has been and still is to be derived from the field of military surgery, but civil practice is not without its quota of valuable contributions for observation and study, and besides, we should not cease to be admonished, that "in times of peace we must prepare for war."



## REPORTS OF CASES.

### UNIVERSITY HOSPITAL.

SERVICE OF J. EDWIN MICHAEL, M. D.

REPORTED BY E. A. CHANCELLOR, M. D., ASST. RESIDENT PHYSICIAN.

CASE I.—AMPUTATION OF THE PENIS FOR EPITHELIOMA.—James M., a laborer, 51 years old, though apparently 65, was born in Ireland, the fifth child of a family of eight, both parents very healthy, and always free from disease. Came to this city when a boy of fifteen where he has since resided. He is now the father of four very healthy children, says he has been remarkably healthy during his whole life, free from venereal trouble.

In height he was five feet seven inches, weight one hundred and forty-four pounds, limbs well formed and symmetrical, the expression

of countenance was heavy and indifferent, easily agitated; the face was sallow, with an alternating flush and pallor; the eyes prominent and of a bluish cast, lips livid, thin and compressed; the perspiration was acid in character and usually a faint yellow stain was imparted to the linen; the appetite and digestive function were greatly impaired; the pulse was full and regular, sixty-nine to the minute, respiration and temperature normal.

Patient says he first noticed a hard "lump" on pendulous portion (central) of penis about four years ago which grew very rapidly, causing the penis to assume a crooked shape, suffered dysuria and incontinence of urine frequently at short intervals, would soon pass away and then could micturate a good stream, sometimes followed with blood. The urine on standing would become highly colored and of an offensive odor. A small ulcer made its appearance eighteen months later and was treated with domestic salves, washed with castile soap, and powdered with burnt alum, but received no benefit whatever \* \*.

\* Admitted to hospital on July 11th, and situated upon the body of the penis about one inch and a half from symphysis pubis, was an epithelioma in the stage of ulceration, discharging an abundant, extremely offensive ichor, the portion of penis anterior to the epithelioma was much swollen and oedematous, the margin of prepuce was covered with excoriations and superficial ulcerations. The ulceration seemed to have penetrated to the urethra since when the patient urinated, the greater portion of urine escaped through the epithelioma while the remainder dribbled through the urethra, and between the prepuce and the glans penis there was also an opening connected with the epithelioma.

In the right groin was a tumor apparently about an inch and three quarters in length and three quarters of an inch in diameter; the skin over it being slightly adherent, a result apparently due to an old cicatrix.

Chloroform was administered (on July 12th), and the operation commenced by an incision across the under surface of penis at the junction of scrotum, cutting through the urethra; a grooved staff was then passed from this opening into the bladder and held by an assistant, the ends of first incision formed the starting points of an elliptical incision meeting over the pubis; the corpus spongiosum was then dissected away from the corpus cavernosum, as far down as the crura, the penis was then removed by several vigorous strokes of the knife and the spouting vessels secured. Assistants made pressure upon the

wound while the doctor turned his attention to the tumor in the groin. A free incision was made over this and the tumor dissected out, which dissection was interfered with by considerable hemorrhage from small vessels; the final separation of the tumor was followed by a copious gush of venous blood, caused probably by the division of the internal saphenous vein or one of its large branches. This hemorrhage was after some difficulty controlled by means of a ligature—the wound in groin was subjected to pressure and attention turned to the perineum. The patient was placed in the lithotomy position and an incision two inches long made in the median line, dividing the skin and subcutaneous connective tissue; the point of scalpel was then made to enter the groove of staff and the urethra slit up (opened) for a space of an inch and a-half; the edges of urethra were not stitched to the cutaneous incision, but held apart by means of a plug of oakum, so placed as to keep open the urethra posterior to the incision and compress it anteriorly. The amputated wound which by this time ceased to ooze was freely cauterized by solid crystals of chloride of zinc, the inguinal wound was not so treated on account of proximity of the large blood-vessels. The several wounds were then dressed with carbolized oakum fixed with a bandage. The same dressing was continued through the diligent care of Mr. F. H. Thompson, a most excellent clinical assistant, who dressed the wound twice daily and contributed much to the general comfort and welfare of patient by his close attention.

August 14th, patient up and walking about, with no bad symptoms, wound in groin entirely cicatrized, with only partial cicatrization of amputation wound. Patient urinating through the artificial vulva.

September 12th, doing well, amputation wound fairly healed with the exception of portion of right testicle where there exists a small fungus growth, of a firm consistence devoid of pain. \* \* \*

Further progress of case will be reported in the next number of the JOURNAL.

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CASE II.—ENUCLEATION OF A FIBROID TUMOR OF THE NECK.—Mrs. Annie K., age 25, admitted to hospital on August 29th, 1878, with a tumor of the neck, which made its appearance three years ago, as a small lump about the size of a pea, caused as she thinks by her husband's catching hold of her neck and squeezing it when on a drunken spree, as a consequence of this the neck was considerably bruised and she suffered great pain therefrom.

One year later the lump had increased greatly in size, and was painted with tinc. iodine for several weeks, without diminishing it.

She complained of no pain in the tumor except when there was a change in the weather, or the dress pressed upon it.

The operation was performed on the following day (Aug. 30th, '78,) by an incision, made from nearly opposite the fourth cervical vertebra in a line parallel with the fibres of the trapezius muscle, dividing the skin and connective tissue exposing the tumor. The latter was found closely connected with fibres of the trapezius muscle, some of which were cut during its enucleation. The tumor (size of a large orange) was extirpated with some little difficulty. The operation being followed by moderate hemorrhage, which was controlled by pressure. The wound dressed by being closed with silver sutures, adhesive strips and a large pad of oakum, with a bandage.

On the night after the operation there was considerable oozing, from the wound, it being difficult to apply pressure efficiently, on account of position. Cotton was substituted for oakum, with a somewhat better result, slight oozing however continued on the second day, which was controlled by lint saturated with tinc. of ben-soin. On the third day three-fourths of the line of incision had healed by first intent, and the sutures were removed. There was some purulent discharge from the lower angle of wound which had ceased by the eighth day—when she was discharged cured.

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**CASE III.—SUBCUTANEOUS OPERATION FOR A LOOSE CARTILAGE IN THE KNEE JOINT.**—Archibald Copland, colored, age 22 years, very healthy and of a plethoric constitution. Entered hospital on August 6th with a movable cartilage in the knee joint which frequently gave him trouble by being caught between the opposing joint surfaces, causing intense pain sometimes accompanied with nausea and dizziness, and often causing him to fall.

On August 8th, the cartilage was moved without an anæsthetic to the lower and outer side of joint and firmly held in that position. A narrow tenotome was passed through the skin about two inches below and this directed upwards towards the joint.

The capsule was freely incised and the cartilage forced into the slit thus made and held in position by a strap of adhesive plaster, drawn tightly across above it; the limb was then suspended in Smith's anterior splint as for fracture, and the patient directed to be as quiet

as possible. No variation took place in either pulse, respiration or temperature during treatment, nor did the patient complain of any pain.

The splint was removed on the eighth (8) day and patient being directed to remain quiet in bed for a day longer; he was then allowed to walk about which he did without complaint, except a little stiffness in the joint which passed away in a day or two.

Complete removal of the cartilage was not deemed advisable and the patient left the hospital on August 24th, cured.

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CASE IV.—CIRCUMCISION FOR CHANCROIDS WITH PHIMOSIS.—Jno. S. P., a sailor, age 18 years, of extraordinary muscular development and strength, and of a sanguine temperament, admitted to hospital on July 11th, with the gleet of two years standing, together with a chancroid on lip of prepuce and a partial phimosis. The sore on prepuce made its appearance on June 28th (third day after coition), the phimosis followed eight days afterwards. The soft chancre was touched with strong carbolic acid and patient directed black wash and carbolized water to be injected beneath the prepuce; tonics were given internally. The patient progressed slowly under this treatment and having grown weary of a contracted prepuce consented to be circumcised. On Aug. 1st, a few days previous to this tannic acid and glycerine, a drachm to the ounce, was prescribed for an injection under the prepuce. The operation was done after the *bloodless method*, several sutures united the mucous membrane to the skin and collodion was applied to free surface of wound.

Three chancroids were found on corona glandis and six on mucous membrane of prepuce, carbolized oil and cotton was used as an after dressing and the wound had fairly healed by Aug. 25th, on which day patient was dismissed as cured.

The gleet had been checked several days before this.

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## TWO CASES OF COMPOUND FRACTURE OF FOREARM TREATED BY SUSPENSION.

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BY OSCAR J. COSKERY, M. D., PROFESSOR OF SURGERY, COLLEGE OF  
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In 1864, at Army Hospital, Fortress Monroe, Va., a patient came under my notice whose left forearm had been partially resected for a

bad smash of both bones by a minnie bullet. The surgeon in charge called my attention to a difficulty in the treatment resulting from such a large loss of bony support, and as the arm lay upon a board splint, the under wound, through which the discharge should have taken place, was pressed upon and thus closed. Added to this was a bad sore over the inner condyle, the result of pressure. The bone was bare and dry. It occurred to me that the principle of treatment consisted in leaving the under wound free, and taking pressure off of the internal condyle. This was done by swinging the limb as will be described below. Within two weeks the inner condyle was covered and granulating healthily, the pent up secretions discharged, and the limb was put upon the rectangular splint. The patient left hospital soon after, doing well, and union progressing.

Until February 1878, a precisely similar case never occurred to me. The history is as follows: Michael, M., aged 37, a teamster, while very drunk, was knocked down by a city passenger car and run over; the wheel passing over his forearm. Was next morning admitted into St. Joseph's Hospital in this condition: The left upper arm much swelled, with great extravasation of blood from shoulder to elbow. Over insertion of deltoid muscle the circumference was  $14\frac{1}{2}$  inches, while right arm at same point, only measured 12 inches. About middle third of forearm, where wheels of car had passed, both bones had been finely comminuted, certainly for three inches, and there were five openings leading down to fractured point. The forearm was also greatly swollen, very painful, and from several of the inner wounds the bellies of torn flexor muscles were hanging out. The palmar surface was evidently the more injured. There was no shock; the radial artery pulsated freely at the wrist, and I decided upon attempting to save the limb; though it had been sent to me for amputation. A well-padded inside splint was put on but, in the course of a few days, gangrene attacked the bruised palmar surface, pus ran up and down the forearm, because it could not get out freely, and amputation was again discussed. Before doing so, however, I determined to try suspension. The result was that in twenty-four hours the accumulation of pus had ceased, the swelling and pain had nearly disappeared, and the patient was in a condition he had not been since the accident—comfortable. Notwithstanding the fact that sloughing of nearly four inches of the middle third of the forearm occurred, laying bare the bones, the patient did well, and ten days after being suspended the limb was put up in a fenestrated, rectangular splint, and the patient

was walking about. He has now, or had when last seen, a tolerably good useful arm. The long flexor muscles of the forearm having been destroyed, the middle fingers are of course, stiff; but the muscles of the little finger and thumb not having been involved, and the lumbricales and interossei, having escaped, some movement is left. Pronation and supination are lost, the callus having completely united the two bones. Suffice it that the man is now making a living at his old business—that of an hostler and driver, although dead bone is still escaping.

The apparatus used in these two cases may be thus described: Two parallel pieces of light wire long enough to reach from the shoulder to below the tips of the fingers, and about three inches apart, are attached to each other by six cross pieces. Bent at an angle of  $45^{\circ}$ , side-wise, this *splint* is laid above the arm and forearm, the limb resting flat upon the bed, and bent at the elbow to suit the bend of the splint. Loops of muslin or flannel are carried under the limb and tied over the wires, taking care to have one loop just above and one just below the wound. The arm thus arranged, is suspended by shortening the cord as in any other suspension apparatus. A permanent roller is then put around both splint and limb, above and below the wound, leaving that part open to be dressed when required. To any one accustomed to the anterior splint, the above explanation, I think, will be intelligible, if they only suggest to themselves the bending of the wires on the *side*, instead of on the *flat*.

In conclusion, I would say that, both of these cases were extraordinary ones. In the course of fifteen years of, hospital practice only two presenting themselves in which I thought it necessary. Still I think the treatment perfectly successful and respectfully request my professional brethren to try it. I do not know that it has been used before, but *do* feel convinced that one, if not both, of my patients were saved from amputation.



## RECENT PROGRESS IN OBSTETRICS AND GYNÆCOLOGY.

BY B. F. LEONARD, M. D., CLINICAL ASSISTANT MARYLAND WOMAN'S HOSPITAL.

MILK FEVER.—Mr. Arthur V. Macan, (Dublin *J. Med. Sci.*, May 1878,) maintains that there is no rise of temperature necessarily ac-

companying the first secretion of milk. In cases of fever, in the puerperal state, the presence of full breasts is not sufficient reason for at once diagnosing the case as one of milk fever. Pain and distension of the breasts may cause fever, but it differs from that usually described as milk fever; it comes on later and lasts longer.

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SPONTANEOUS EXPULSION OF A LARGE FIBROID TUMOR.—Dr. Ygovin, (July *Abst. Med. Sci.*) relates a case in which the tumor weighed 1 lb. 7 oz.—the history of the case, extending through 9 years, from the period when dysmenorrhœa with irregular and profuse hemorrhages set in, until the expulsion of the tumor.

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TREATMENT OF CRACKED NIPPLES.—Dr. Hasusman, (London *Med. Rec.*, July 15, 1878,) advises the use of a 2 per cent. solution of carbolic acid; the dressings to be renewed every 2 or 3 hours for 2 or 3 days, when an entire cure takes place. The pain disappears almost immediately; the fluid reaches all the recesses at the bottom of the cracks and fissures, as is proved by the smarting after each application.

It is necessary to wash the breast before applying the child to the nipple.

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OVARIOTOMY IN A CHILD AGED 12 YEARS.—Dr. T. Barlow, (*Med. Times and Gaz.*, May 25, 1878). The enlargement was on the right side of the abdomen, and consisted of a hard mass to which a cyst was attached. The tumor was slightly movable and painless, and had been 18 months in growing. There were scarcely any symptoms; temperature normal; some constipation; the child had not menstruated. The cyst was first aspirated, 6 pints of fluid were removed; subsequently ovariectomy was done, the child recovering in 11 weeks. The tumor weighed nearly 3 pounds; it measured 6 inches across and 7 inches from above down. A part was cystic; the hard part contained a plate of bone  $2 \times 4$  inches and other smaller pieces of bone.

Mr. Spencer Wells has operated successfully on a child 8 years of age. At Bonn a child of two years of age had been operated on and recovered.

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THE MARRIAGE OF DWARFS.—(*Cin. Lan. and Clinic.*) Minnie Warren the dwarf was delivered at Fall River, July 30th; although her

husband was also a dwarf and the child was expected to be diminutive, it proved to be the size of average infants and the result was that both mother and child were lost.

Fannie Burdette, a dwarf 32 inches high, weighing 50 pounds, married a six foot husband, who weighs 145 pounds. She gave birth to a daughter at St. Louis, on the 24th ult., which weighed eight pounds. In order to save the mother's life, it was necessary to sacrifice the child.

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THE MOST EFFECTUAL METHOD OF CONTROLLING HIGH TEMPERATURE AFTER OVARIOTOMY.—Dr T. Gaillard Thomas. (*N. Y. Med. J.*, Aug., 1878,) After some interesting remarks on the history and value of clinical thermometry, Dr. T. figures and describes Dr. G. W. Kibbee's "fever-cot." "The bed on which the patient lies consists of a strong, elastic cotton netting, manufactured for the purpose, through which water passes readily to the bottom below, which is of rubber cloth, so adjusted as to convey it to a vessel at the foot." A folded blanket is placed on the cot to protect the patient's body from the netting, and at one end is placed a pillow covered with india-rubber cloth and a folded sheet is laid across the middle of the cot about two-thirds of its extent. The patient is laid upon this, her clothing is lifted up to her arm pits and the body enveloped by the folded sheet which extends from the axillæ to a little below the trochanters. The legs are covered with flannel drawers and the feet with warm woolen stockings, and bottles of warm water are placed against the soles of the latter.

Two blankets are placed over her and the application of water is made. Turning the blankets down below the pelvis, the physician now takes a large pitcher of water (75° to 80°,) and pours it gently over the sheet. It saturates this and percolating the network, is caught by the rubber apron beneath whence it is discharged into the receiving vessel.

The patient now lies in a thoroughly soaked sheet, with warm bottles to her feet, and is carefully covered up with dry blankets. The water is only applied to the trunk. The affusion lasts from 10 to 15 minutes, and the water collected in the tub at the foot of the bed after having passed over the body, is usually from 8° to 12° warmer than when poured from the pitcher. The result of the affusion is tested by the thermometer at the end of every hour; if the temperature has not

fallen, another affusion is practised until the temperature falls to 100° or less.

The patient lies constantly in a cold wet sheet, which never becomes a fomentation because as soon as it abstracts sufficient heat from the body to do so, it is again wet with cold water.

He has kept patients 2 to 3 weeks on this cot enveloped in the wet sheet without discomfort and with marked control over the animal heat.

Dr. T. does not propose by it to check peritonitis or cut short septicemia, but to rob these diseases of hyperpyrexia, to resist the primary assault in the hope of bearing up against a more prolonged but less violent siege.

QUININE AS AN OXYTIC.—(*Br. Med. Journ.*, Aug., 1878,) M. Porak has found that this salt passes slowly through the placenta, since it is constantly found in the urine of new born children when it is given to the mother an hour and a half before delivery. It appears to exercise an injurious influence on new born children, as shown by the icterus, and notable wasting following the birth, therefore, this medicine should not be used as an oxytotic.

VOMITING IN PREGNANCY.—Dr. Rheinstädter, (*Deutsche Med. Wochenschrift*, May 25, 1878,) remarks that in addition to the irritation of the nerves of the uterus caused by stretching the uterine fibres, the pressure of the surrounding pelvis upon the enlarged uterus is an important factor in the early vomiting of pregnancy. These two facts support this theory, it ceases for the most part, when the uterus rises up out of the pelvis; the vomiting is most frequent and violent early in the morning, when the bladder and rectum are usually distended. Therefore the best treatment is to keep the lower bowel empty by laxatives or enemata; and use light diet with milk and wine if it can be borne.

CHANGES IN THE UTERUS RESULTING FROM GESTATION.—Dr. John Williams (*Med. Times and Gaz.*, Aug. 3, 1878), read a paper on this subject before the Obstetrical Society, of London. The paper was suggested by the difficulty of determining in the Wainwright case whether the uterus of Harriet Lane had ever borne a child. The conditions described were those of the 8th week after delivery, when involution was complete. The only certain marks were to be found in the blood-vessels of the uterine wall; they appeared to be affected

by the retrograde process in a less degree than the tissues of the uterine wall generally. In a section of a uterus, which had undergone involution, the arteries projected beyond the surrounding surface, presented thick yellowish white walls, more opaque than the tissues around and their canals remained patent. On microscopical examination, the connective tissue around the arteries was found to be increased in quantity, the arterial muscular coat was greatly hypertrophied and the inner wall considerably thickened. The vessels, moreover, were more numerous than in the virgin organ. Setting aside such rare cases as those in which the uterus became reduced after parturition to a mere membranous sac, the author had found the characters he had described in all the uteri that had borne children which he had examined during the last five years. He had never seen the appearances brought about by disease, nor had he found them in the virgin organ.

The state of the uterine arteries, however, only furnishes strong presumptive evidence of parity.

A peculiar condition of the uterine sinuses and their contents, which exists for only twelve months after pregnancy, justifies a positive answer as to parity. After the fourth week the condition is this: The walls of the sinuses at the placental site were much thickened, being due in part to a thin zone of connective tissue, within which was a granular glossy-looking transparent substance thrown into folds. The interior of the vessel was either entirely filled with these folds, or its center occupied with the organized remains of a clot, or a narrow lumen might still be left. The folded layer when torn by needles broke into particles of a polygonal shape, similar to some of the epithelial cells originally lining the sinus, and it appeared to be a distinct growth resulting from the proliferation of these cells. These structures are not permanent, but are discoverable for a twelve-month after parturition.

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JABORANDI IN PUERPERAL CONVULSIONS.—Dr. H. B. White, (*Proc. Med. Soc. of County of Kings, May 1878*), relates the following case: Primipara, at term, health good until within a few days; strange feeling in her head, swelling of feet and legs coming on for several days and now she could scarcely walk about the room; labor had not begun; had passed but little water for several days—its condition not noted. Infusion of jaborandi was given in repeated doses but convulsions set in with stertorous breathing. But a drenching perspiration soon began and the patient made a good recovery in the

usual time, though the urine still showed moderate amount of albumen.

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**RISKS AND TREATMENT OF INTRA-UTERINE HYDROCEPHALUS.**—Dr. Angus Macdonald (*Ed. Med. J.*, August, 1878), has a very thorough article on this subject for which we have only room for reference. He comments on the difficulty of diagnosis, the sutures and fontanelles are not, as usually described, always preternaturally open in these cases, for the cranial bones, in some cases where the internal effusion was very great, are so largely and abnormally developed as to destroy this pathognomonic sign and to form almost a complete osseous covering for the enlarged heads. The nature of the case is comparatively rarely discovered before delivery.

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**OBSTETRIC MEDICINE.—MEETING OF THE BRITISH MEDICAL ASSOCIATION.**—(*Br. Med. Journal*, August 31, 1878).

*Treatment of the Pedicle in Ovariectomy.*—Dr. Heywood Smith, concluded by the analysis of the cases of the best operations that the intraperitoneal, either by cautery or ligature method gave the best results. He advocates a better classification of cases as to adhesions and nature of the pedicle. Mr. Spencer Wells said the cautery cases were too few to be reliable; he prefers the clamp to the ligature.

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*Thermometric Observations after Labor.*—Dr. Smith confirmed Dr. Lawrence's observations in reference to emotional temperature. At the British Lying-in Hospital visitors were not allowed until the eighth day; and he had often noticed at the Hospital for women that the patients' temperature rose on visiting days.

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*On the Evils of Practices Intended to Act as Checks of Population.*—Dr. Routh combated a previous paper which advised the lessening of child-bed and infant mortality by first lessening the number of marriages and then the number of births. In referring to this subject he stated that the Contagious Diseases Act gave increased facilities for immorality.

He condemned the employment of measures by which the passions could be gratified without risk of increasing the population; he called this conjugal onanism, referring especially to Dr. Bergeret's work on "Sexual Frauds and the Diseases Generated Thereby," in which graphic examples were given of acute metritis, leucorrhœa, hematocele, cancer, hysteralgia, ovaritis, sterility, prostatic diseases and impotence,

and insanity. He urged all medical men to protest against crimes of this class.

Dr. Henry Bennet stated positively that the system of withdrawel was that almost universally practiced in France, where he spent his youth. It was the result of the law by which property is sub-divided. This criminal condition of things leads to permiscuous intercourse.

Dr. J. Marion Sims said the laws of Malthus were not applicable at the present day as there was much more facility of communication. Overbreeding does not produce ill health.

ON PERITONEAL ADHESIONS AS A CAUSE OF POST-PARTUM HÆMORRHAGES was read by Dr. Griffith; they act by retaining the womb in an unnatural position after delivery. Dr. Graily Hewitt first called attention to this cause.

A FRENCH DENTIST WAS SENTENCED FOR RAPE.—(*Br. Med. J.* August 31, 1878,) although the mother of the alleged victim was present in the operating room, though she stood at some distance with her back to her daughter. The accused admitted the connection but asserted she was a consenting party. At the trial she was far advanced in pregnancy.

The question was as to the girls consent. She declared he used an anæsthetic, but there was no proof that any had been used, but she was probably in a semi-conscious hysterical state.

Under similar circumstances an English jury would probably not convict.

THE PREVENTION OF PUERPERAL FEVER.—Prof. Zweifel, (No. 1 *Ber. Klin. Wochenschrift*, 1878.) The Germans have coined the verb "Listern" to express Lister's antiseptic method; this idea in obstetrics was first started by Bischoff (Basle) in 1870. His plan was to give a bath as soon as the first pains of labor were observed, washing out the vagina with a two per cent. solution of carbolic acid every two hours, and anointing the fingers of the medical attendant with ten per cent. carbolic oil at each examination, the hands being previously disinfected by washing them with three per cent. solution of carbolic acid. Frequent carbolized vaginal and uterine injections were made thirteen days after the birth of the child. A pad soaked in carbolic oil (1 to 10) was placed at the vulva and constantly renewed. With this system his average per cent. for six years, of puerperal cases in

which the temperature reached 101.3 with tenderness of the abdomen and fetid discharge was 16.2. Prof. Z's own method is founded both on the use of antiseptic measures and scrupulous cleanliness. All vaginal examinations *during pregnancy* at his clinic are made after washing the hands and smearing with carbolic oil; in some cases a five per cent. carbolic vaginal wash is used. Because possibly some infectious matter may be introduced in the vagina to be sucked up by the womb after the expulsion of the fetus.

The rooms and beds of the hospital are carefully disinfected by fumes of burning sulphur (4 grammes of sulphur to each cubic metre of space). For any vaginal rents, perineal or other wounds, Fehling's mixture of salicylic acid and starch (1 to 5) is applied with the best results. In a series of 184 cases in which this method was carried out there was but a single death—and that from cancer. In only five cases was life ever in any apparent danger.

Spiegelberg, at Breslau, has carried out a system closely resembling Zweifel's since 1874, with only five deaths in 900 labors.

Even the busiest practitioner in private practice should examine with carbolic oil; otherwise he may infect a patient, going, for instance, from a case of scarlet fever straight to a labor case.

The adoption of antiseptic measures throughout the puerperium is quite general among our German *confreres*, and many of them are very enthusiastic on the subject.

There is a notable difference in the tone of discussion of this subject between Germany and England; in the latter country the obstetricians are earnestly considering how best to diminish maternal mortality. There we get reports from both hospital and private practice, but in Germany we have only hospital reports.



## ABSTRACTS AND SELECTIONS.

NURSING AND DIET IN YELLOW FEVER.—[The following is from the pen of one of the most experienced nurses in yellow fever in southern Texas, Mr. J. A. H. Cleveland. It has been kindly furnished us through his son, by Dr. A. R. Kilpatrick, of Navasoto, Texas.—*Ed. Reporter.*]

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In 1867 the yellow fever broke out in Liberty, Texas, where I

then lived. Feeling alarmed for the safety of my family, I dispatched at once to my father, in Galveston, whom I know to have been an experienced and successful nurse in all the epidemics occurring in Galveston since 1844, to furnish me with his mode of treating the disease. He did so. My wife was my first patient. I applied my father's treatment—with me an experiment—confidently, however, because I had his assurance that it would not fail. She recovered. In a few days our children, five, with the same disease, were nursed through to convalescence. With the assistance of my convalesced patients as nurses, I treated thirty six cases; of these, three died. Dr. James P. Cooke, a physician of acknowledged skill, then and still living in Liberty, observing the effects of the treatment, adopted it, and did not lose a single patient of those he treated. I do not now remember of the recovery of a single case treated otherwise than according to my father's method—in every instance dying with black vomit.

I need not say to your medical readers that my father was no doctor—made no pretensions whatever beyond an accurate diagnosis and proper treatment of this particular disease. But I may say to them that there are hundreds of living witnesses now in this city who can attest his unflinching success in its treatment, through the succession of epidemics occurring in this city from 1844 to the time of his death in 1875.

#### SYMPTOMS.

Flushed face, eyes inflamed, and sometimes bloodshot; skin dry and feverish; headache, with pain in the back and bones; chilly sensations, slight shivering, and sometimes sick stomach.

#### TREATMENT.

When all or any of the above symptoms are felt, in time of an epidemic, the patient should prepare himself for treatment. First, take common cistern water, about milk-warm, add—to say half a gallon—castile soap, dissolved, of the size of a musket bullet, and with a good instrument inject into the bowels a sufficient quantity to produce an evacuation. Next, and secondly, prepare a mustard bath in a vessel sufficiently large to admit both feet and legs half way up to the knees; put in at least a quarter of a pound of good mustard—Kentucky the best—and about one

pint of good ashes, and let the water be as hot as the patient can bear it. Into this put both feet, and cause a blanket to be wrapped around the vessel and around the legs and body of the patient, so that the steam passes from the vessel well up the body. After having the bowels moved, the system relaxed, the patient perspires readily. In from five to twenty minutes the perspiration will show pretty freely on the face; the patient must submit to the bath until it comes out. If hard to sweat, keep adding hot water; but as soon as the perspiration appears freely on the face take out the feet, wipe dry and put him regularly to bed; place two bottles with hot water to his feet, cover him with one sheet and one blanket, let the room be well ventilated, but never allow your patient to lie in a draft of air, nor touch him with cold water or cold hands below the eyes when perspiring. Let your conversation be encouraging—don't permit him to talk much, and keep all talkers out of the room. Next, and thirdly, put into a washbowl about one quart of cistern water; take one tablespoonful of spirits of camphor, one tablespoonful spirits of ammonia, and one tablespoonful common salt, and put into the washbowl, and put in say two pounds of ice. This I call "sedative water." Prepare three or four cloths, cotton or linen, about three inches wide, and three thicknesses of the cloth, and long enough to reach from temple to temple—keep this in your bowl of sedative water, and apply to the forehead as rapidly as you please, say change every minute, taking care to wring all the water out of the cloth, so as to wet his pillow as little as possible. I have never yet seen a case where I could not control and keep a patient well at himself, by applying these ice cloths rapidly to the forehead. Give the patient good lemonade, as cold as ice will make it, about one-third of a tumblerful as often as he wants it. It acts on the kidneys and assists well the urinary organs, a great item in the cure of yellow fever; if he becomes tired of the lemonade, give ice water, about a tumbler one-third full at a drink, and ice to eat in small quantities; after this manner satisfy his thirst. In the meantime keep a watch and see that the perspiration goes on, and keep it up gently after you begin to reduce the fever until he is well cooled off; this requires, usually, from

twelve to thirty-six hours ; about twenty-four hours will usually freeze out a fever with my mixture. Take no medicine from beginning to end, nor do anything to disturb the stomach. I rarely have occasion to use any remedy for sick stomach, and if I do, I take flaxseed meal, mix to a dough with sherry wine, and sprinkle in a few hops ; apply a poultice of this to the stomach, and it never fails to quiet it ; but not one case in twenty requires it.

As soon as you have cooled down the fever take a good instrument and relieve the bowels ; use only water from your cistern ; it cools the body, and goes far to prevent what physicians call a return of fever. Just as long as there is any heat about the head, work on the ice cloths, and about every two hours pour half the water out of your washbowl, for the melting of ice causes an accumulation of water, and add half a tablespoonful each of camphor, ammonia and salt ; this keeps up the proper strength of the sedative water ; and keep plenty of ice all the time in your bowl—there cannot be too much, nor the sedative water too cool. If, during the time, the perspiration should check, put other hot bottles to the feet, or a hot brick, wrapped up in cloth and wet with vinegar, so as to cause a steam ; place this about the knees, and it never fails to produce the sweat. But having cleared the bowels at the commencement, there is no getting up, no airing of the patient as when oil or pills are given, but the patient goes right along perspiring until you *freeze* out the fever with these ice cloths ; and having your patient free from fever, and his bowels relieved by the second injection, if he asks for it, commence next the

#### FEEDING.

In about two hours after he has cooled off, give him a little rice water, chicken water, a half a cup of black tea ; in three hours after this give him half a cup of good coffee, a quarter of an apple well baked, and a little-toast with a small quantity of fresh butter on it. I prefer the coffee, but he can use tea if he prefers it, and after this feed often and with any light diet. When one of my patients is free of fever his stomach has not been injured by med-

icine; it acts and digests well, and he can eat most anything he likes, in small quantities.

In twelve hours after the fever has left, the patient must be sponged off; take bay rum or brandy and water strong enough for grog; make it rather hotter than milk warm; take a sponge and sponge his face and hands first; wipe dry; then sponge his legs, arms and body well, but do it under cover; wipe dry with a towel as you go on, and when done you can uncover and change his clothes so as not to fatigue nor tire him; put on clean, well dried clothes, and change the bed clothes; and this done, I consider my patient safe. Let him lie at his ease, out of cover.

And now the patient can use good porter as a drink, and lemonade with ice water; but he will not require much, as there is but little thirst; be cautious not to let him see too many friends, nor talk too much. Let him sit up as he feels able, not so as to tire nor fatigue himself; he knows best. Keep to the room for about four days after the clothes are changed, and then go out evening and morning. Be careful to open the bowels once every 24 hours with an injection of cold water, until they become right. In a few days the patient is up and can go about his business.

With married ladies, who are in a condition to require tender treatment, never use the foot bath, as that, in a majority of cases, brings on an abortion. Instead of foot bath, take lime juice and brandy, half and half; make it as hot as she will bear it, and sponge from the knees down and over the feet for four or five minutes; then take dry mustard, and rub on with your hand, from the knees to and over the feet, as long as she will stand it, say from five to ten minutes; wipe off and put her to bed, cover with one sheet and one blanket, as before, and encourage the patient to lie as still as possible; keep hands and feet under cover, and the cover well on the legs, arms and body during the sweating process; this rule must be observed and attended to while the fever lasts, with all patients. Apply two bottles of hot water, one to each foot, and you will get up a gentle perspiration, all that is necessary; if the bottle don't produce it, try the hot brick wet with vinegar, as before directed, and proceed as in other cases, all through. I never failed yet, and I have cured many in this con-

dition. Once again, give no medicine, and watch, and take every care not to sicken the stomach, especially ladies in the condition last mentioned. I hate oil—it should never be used. My patients never relapse; nor out of three hundred, at least, have I ever known one to have the disease the second time. I do not believe it possible.—*Medical and Surgical Reporter*, of September 21st.

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THE DIAGNOSIS OF AMYLOID KIDNEY.—In spite of the great advances that have been made in our knowledge of the clinical phenomena associated with the several morbid processes in the kidney which were formerly roughly joined together under the name of Bright's disease, it cannot be doubted that there is very considerable difficulty in accurately diagnosing the anatomical conditions of the kidney, a difficulty shown by the not unfrequent failures of even those most conversant with the subject, and which may be attributed in part to the combination of two or more of these processes being present; in part to the distorted relations and exaggerated value of some of the phenomena which have been too dogmatically relied upon as characteristic of this or that anatomical condition; and again, in part, from the absence of any sufficiently significant circumstance or group of circumstances in many cases. Thus, acute parenchymatous nephritis frequently supervenes upon interstitial nephritis, and for the time masks all the symptoms peculiar to it; amyloid degeneration often accompanies the latter stages of chronic parenchymatous nephritis, or even interstitial nephritis, but without producing any sign which could reveal the modification in the state of the kidneys. Albuminuria occurring in the course of long-standing suppuration is too generally regarded as indicative of amyloid degeneration of the kidney; but chronic parenchymatous nephritis occurs under similar etiological conditions, and also gives rise to albuminuria. Lastly, albumen may be absent from the urine in cases of either contracting or amyloid kidney.

The difficulty of diagnosing the contracting form of kidney is well known; possibly, most cases are only recognized to their later stages; but sooner or later albumen will be found, in the

urine. In amyloid kidney, unfortunately, this is not so. It has been generally recognized (Grainger Stewart, Bartels) that in the earlier stages of the malady albumen might be absent or intermittent in its appearance ; but it has not been admitted that a case could exist for months and proceed to a fatal termination without albuminuria having been at some time present. Bartels, indeed, is most emphatic as usual : he says, " I am sure that I have never yet found distinctly marked amyloid disease of the kidney in the bodies of persons whose urine during their lifetime had been tested by me for albumen without its being discovered." M. Lecorché (*Traite des Maladies des Reins*, Paris, 1875) has maintained, indeed, that amyloid degeneration *per se* does not give rise to albuminuria, but that the latter results from the parenchymatous nephritis with which, according to him, it is almost always combined ; both which statements are positively contradicted by Bartels. Quite recently, Dr. M. Litten (*Berlin Klin. Wochenschrift*, June 3d, 1878) has just published details of four cases which plainly establish the fact that amyloid degeneration of the kidney may be present without giving rise to albumen or polyuria, and that the presence of the degeneration can at best be only suspected.

His first case was a phthisical boy, who was under observation three months before death : the urine averaged generally from thirty to forty ounces (specific gravity 1011-15) sinking to ten or fifteen ounces in the later stages ; there was never any trace of albumen. The second case was also one of phthisis, and was under observation thirteen days : his urine averaged thirty ounces daily, of specific gravity 1010, containing no albumen. The third case was one of visceral syphilis : urine under thirty ounces ; specific gravity 1011-13 ; no albumen. The fourth case was communicated to the author by Dr. Weigert : the kidneys were amyloid, and there had been no albuminuria before death. The small quantity of urine in the first two cases is explained by the presence of diarrhœa ; but this was absent in the third.

It seems, therefore, certain that we possess at present no sure diagnostic of amyloid degeneration of the renal vessels ; that, on the one hand, it is likely to be confounded with, or mistaken for,

chronic parenchymatous nephritis arising under identical etiological conditions; on the other, it runs a great risk of being altogether overlooked. But both of these evils may be avoided with a little care. Bartels points out that the differential diagnosis between amyloid disease and chronic parenchymatous nephritis depends upon the distinguished characters of the urine, which, in the former, is clear with little sediment and few casts, mostly hyaline, and scarcely ever blood-corpuscles; in the latter it is always more or less turbid, with considerable sediment, is dirty coloured, contains many casts of every variety, and not uncommonly blood-corpuscles. In those cases in which no albumen was present, there have been signs of amyloid disease in other organs; and, in order to escape error, it will be enough to know that the absence of albumen from the urine does not exclude a slight degree of amyloid disease of the kidneys.—*Brit. Med. J.*, July 27, 1878.—(*Monthly Abstract*).

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PULMONARY ŒDEMA.—Under the direction of Cohnheim, a series of experiments have been made by Dr. Welch of New York (*Virchow's Archiv*, Band lxxii.) for the purpose of obtaining information with regard to the causes of œdema of the lungs.

After reviewing the various causes of œdema as given by Niemeyer and Hertz, he concludes that none of them are sufficiently explanatory. He sought to learn from experiment whether pulmonary œdema might arise from passive congestion, which was brought about by the ligature of several branches of the aorta. These experiments furnished a positive result, although such a degree of arterial obstruction became necessary for this purpose as could scarcely occur in man.

In the attempts at causing œdema by ligature of the pulmonary veins, it was found that all the veins from one lung might be tied and no œdema result. The lung became gorged with blood, but not œdematous. That œdema might arise, it was necessary to tie also the veins from the upper and middle lobes of the other lung.

Hence he concludes that the mechanical causes of œdema are much more severe than those occurring in the vast majority of

cases of acute general dropsy of the lungs in man. It seemed probable that œdema might arise if a misproportion existed between the action of the two ventricles, in consequence of which the left ventricle should expel in a given time only a portion of the amount of blood which the right ventricle forced into the pulmonary artery, such as might arise from paralysis of the left ventricle. Such a paralysis was produced by compression of the walls of the ventricle, and pulmonary œdema followed. When the right ventricle was paralyzed, no œdema ensued.

The immediate cause of pulmonary œdema is therefore considered to be a predominant weakness of the left ventricle. Favouring causes may be found in collateral hyperæmia of one lung when the other is hepatized, in passive congestion dependent upon mitral stenosis, and in hydræmia consequent to Bright's disease. But when these favouring causes are present the œdema does not always follow; another factor must also exist. If both sides of the heart become alike enfeebled during the death-agony there is no œdema, although this event takes place when the left side is more rapidly and more completely paralyzed. The hypothetical nature of this explanation is fully recognized, and the possibility of its proof in the case of man is doubted.—*London Med. Record*, July 15, 1878.

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THE EFFECT OF POSTURE ON THE PERIPHERAL CIRCULATION.—On the 18th of June last Mr. Lister read a paper on this subject before the Académie de Médecine. According to the report in "*L'Union Médicale*," he stated that he had been led to attend specially to the subject when studying the resection of the wrist for caries. In order to prevent the hæmorrhage he applied Petit's tourniquet upon the arm, after having raised the limb for some minutes. By this means the limb was rendered almost exsanguine. Later, in 1873, it occurred to him that this result was not the simple mechanical effect of gravitation, but was a reflex phenomenon caused by the emptying of the veins producing contraction of the muscular fibres of the arteries. In surgery this method of raising a limb, and then applying at its root a tourniquet, has all the advantages of the system of Esmarch without

its inconveniences, such as the danger of forcing septic matters into the interstices of healthy tissues. In order to observe the effect better, Mr. Lister performed the following experiment on a horse: By means of cords and pulleys attached to the legs of a horse, he varied the position of one hind leg, at one time elevating it while the animal was on its back, at another time keeping the leg horizontal while the horse was on its side, at another time allowing it to stand upright with the leg downwards. The metacarpal artery having been exposed, it was seen that when the leg was raised the artery did not pulsate, and that the wound, being cleared of blood, resembled one made after death. By means of a gauge the diameter of the artery was ascertained. When the leg was raised the diameter of the vessel scarcely exceeded that of the same artery divided and emptied, while in the horizontal position, and especially while the limb was dependent, the enlargement of the vessel was considerable. By calculating the internal area from the external diameter, it was estimated that on changing the position from an elevated to a horizontal position, the calibre of the vessel was increased threefold, and that it became increased sixfold when the limb hung down.

Mr. Lister demonstrated the effect of this method on the arm of one of the servants of the Academy, and showed that if a limb was raised and a tourniquet applied it remained pale and bloodless, even when it was allowed to hang down; and on raising the limb again and removing the pressure, the color rapidly returned to it, in spite of its position, which was the same as that in which it had become pale and exsanguine before the application of the tourniquet. He explained this result by supposing that after the tissues of a limb have been deprived for a certain time of all circulation, there is, so to speak, a need for the circulation, and that this need acts as a stimulus, and determines a relaxation of the arteries by acting on the vaso-motor system just as warmth does. This stimulus of need of circulation, which causes the relaxation of the arteries, becomes stronger than the stimulus of relaxation of the veins excited by gravitation, which under other circumstances would have caused their contraction. In conse-

quence, the reaction is strong in proportion to the duration of the constriction.

Another experiment consisted in exciting the circulation by a short run, then raising the arm for a few minutes, and then lowering it. The member became reddened and congested just as after the application of cold. As evidence that these phenomena depend on a reflex action, Mr. Lister pointed out that if their cause were purely mechanical and physical, the lower part of the artery of a raised limb would have increased in size, since it would have been overfilled; but the actual state is the reverse. The femoral artery of the leg of a calf was exposed close to the abdomen. After the contraction caused by the irritation of the operation had ceased, he measured the external diameter of the vessel in different positions of the animal, and the results accorded exactly with his previous conclusions.

Finally, Mr. Lister pointed out the application of the theory to several phenomena, such as the good effects of the elevation of parts the seat of inflammation, and the treatment of epistaxis by elevation of the arm. Raising the arm produced, according to him, a reflex contraction of the arteries of the upper limbs, and, consequently, a sympathetic contraction of the facial arteries, leading to the cessation of the hæmorrhage,—*Lancet*.

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ACUTE AORTITIS.—Dr. Leger, in a work on this subject (*Gazette Medicale de Paris*, May 25th, 1878), gives a complete sketch of the characteristic features of this disease. In the chapter on pathological anatomy, he says that the lesions may extend as far as the iliac arteries, but are most marked in the ascending part of the arch of the aorta. The walls are thickened and present ecchymoses and soft grayish patches. The inflammation may spread to the serous membrane surrounding the origin of the aorta, and may cause pericarditis and neuritis of the cardiac plexus. Microscopic examination shows that the soft patches are composed of masses of fusiform embryonic cells, being circumscribed in the internal coat and diffused in the two others. Dilatation of the arterial wall occurs at the diseased spot, and is followed by aortic insufficiency and cardiac hypertrophy.

The chief exciting cause of the acute inflammation is atheroma. Among the predisposing causes are gout, alcoholism, fatigue, cold, and external injuries. Rheumatic endocarditis may cause it by continuity of tissue; it may appear in fevers or in purulent infection. The symptoms which are most prominent are the earthy appearance of the patient, attacks of oppression with præcordial pain, special disorders of the heart and arteries, occasional sudden death during angina pectoris; usually there is no feverishness. The pain varies from a mere sense of weight to a feeling of laceration and retro-sternal burning. The pulse is exaggerated by cardiac hypertrophy, or small in consequence of dilatation at the origin of the subclavians. The heart is generally hypertrophied; there is a murmur with the first sound (dilatation of the arch) or with the second (aortic insufficiency). The complications which are most frequent are pericarditis, pulmonary oppression, inequality of the pupils, delirium, etc. The usual termination is death; in bad cases it occurs after several attacks of angina pectoris, or it may happen during syncope. In other cases the attacks come on at long intervals, and the patient dies from cachexia. The duration varies from several days to three or four months. The diagnosis is based on the character of the pain, and the constant presence of pericarditis. It is difficult when mitral insufficiency or aneurism of the aorta coexist. Angina pectoris without aortic lesion is less serious; sometimes it cannot be distinguished from aortitis. The prognosis is grave, although recovery is not rare; it depends on the preceding health and on the complications. As to treatment; for the pain, ice, narcotics, and antispasmodics may be given; for the heart-symptoms, digitalis, milk diet, etc. The iodide of potassium has appeared to be of some use.—*London Med. Record*, July 15, 1878.

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CAMPBOR AS A NARCOTIC FOR FEMALE LUNATICS.—According to Dr. Eugene Wittich (*Berl. Klin. Wochenschrift*, No. 11, 1878), camphor is an excellent remedy for the sleeplessness of a certain class of female lunatics with melancholia, accompanied by extreme anxiety, hallucinations of a terrible nature, and a low state of general nutrition. The ordinary drugs, such as chloral, morphia,

and bromide of potassium, as well as various kinds of baths, all fail to induce sleep, whereas after the subcutaneous injection of 0.1 to 0.2 gramme camphor, the patient quickly becomes drowsy, and soon goes off into a sleep of several hours' duration. The camphor is dissolved in sweet almond oil (1.0 in 10.0 grammes) and the injection is less painful than one of morphia. The canula must be rather wide, otherwise the oil does not flow readily. Abscesses never occur, even though the injections are often repeated. It is important to begin with the smaller dose of 0.1, for cases have been met with where a dose of 0.2 failed to narcotize, whereas 0.1 succeeded admirably.—*Med. Times and Gaz.*, July 27, 1878.

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LEPROSY.—There are in hospital at the present time two cases of leprosy, each one presenting the characteristics of different forms of the disease, but neither can be considered typical of *tubercular* or of *anæsthetic leprosy*. The first patient is a negro, nineteen years of age. He was born near Santiago, Cuba, where leprosy was of common occurrence. When quite young he came to the United States, and up to that time and for some years afterward he was completely free from any evidences of the disease. The first symptoms noticeable were the formation of tubercles on the face, with pain in the different joints. Three years ago he entered this hospital with a marked tubercular condition of the face, but in a short time left, considerably improved in appearance. Since that time the disease returned, and during July, 1878, he reëntered hospital. The appearance of the face has apparently been so changed by the tubercular formation that the original expression must be in great part if not completely lost. There is no hair on the eyebrows. The nose has a knotted appearance. The lips are much thickened with tubercular elevations. The mucous membranes are not affected. The fingers are normal, but at points there seem to be commencing tubercles. The hair of the head remains unchanged. The general condition of the patient is good, with the exception of pains in the joints. There are no evidences of synovitis.

The second patient is in a lamentable condition, and exhibits the *anæsthetic* form of leprosy complicated with the *tubercular*. He is a man about forty years of age, and states that he lived in Baltimore, but never was exposed to the disease. The first symptoms appeared six months ago, when he noticed that his face became discolored and tubercular. Shortly afterward the hands and feet became affected in a manner similar to the face. On admission to hospital the face presents in many respects the condition of the previous patient. The ears have lost their normal contour, and resemble keloid tumors. The fingers are enlarged, but not nodular, and present evidences of former ulceration. The nails are replaced by crusts. The feet are very much enlarged, and extensively ulcerated. The ulceration is confined principally to the extremities of the toes. The general state of the patient is not unfavorable. The condition of the feet confines him to his chair. There is not much emaciation. The mixed form of the disease exhibited in the patient is reported to occur in India in fifteen per cent. of the cases, and is considered rare after forty years of age. Both cases are under observation in the dermatological ward, as the disease is not considered contagious.—*N. Y. Med. Journal*.

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LOCAL TREATMENT OF MENINGEAL AFFECTIONS IN ACUTE ARTICULAR RHEUMATISM.—In a paper read before the Medical Society of Greifswald (*Deutsche Medicinische Wochenschrift*, June 8th), Dr. Mosler says that four years ago Schüller made some experiments to determine whether the acknowledged influence of certain external applications on the cerebral circulation could be demonstrated in the vessels of the pia mater (*Berliner Klinische Wochenschrift*, No. 25, 1874). Sinapisms were in the first instance applied to the skin, the result showing that by a long-continued application thereof it was possible to diminish the blood-contents of the cerebrum. The following observations now show that, in certain cases of cerebral pressure by effusion or congestion, the best results may be expected when the application is made directly on the scalp; that is, in the closest possible proximity to the affected organ and over the greatest possible area. The value of

counter irritants and vesicatories in cerebral inflammation, etc., has been long recognized. But their use is also attended by the best results in affections of the cerebral membranes. The patient in the present case was a young man twenty-five years of age, who was seized with acute articular rheumatism, which ran its usual course, without heart or lung complications, attacking most of the large joints in succession. Early in the case, however, there were symptoms of cerebral congestion, which were relieved by blisters to the feet and a moderate bleeding. Subsequently, cerebral symptoms again set in, in the form of furious delirium, passing into coma, with unequal pupils, retarded pulse, and continuous high temperature ( $102^{\circ}$ – $104.5^{\circ}$  F.). The treatment consisting of warm baths and cold affusion, tincture of eucalyptus, cathartics, etc., was of no avail. The head was now shaved and a fly-blister, of the size of a hand, was applied to the scalp, while behind each ear another blister, of the size of a half-crown, was placed. The following day there was marked improvement in the patient's condition, with return of consciousness and decline of temperature. The case now progressed favourably, and ended in perfect recovery. The liability of acute rheumatism to grave cerebral or cerebro-spinal complications was long known, and noticed by Boerhaave, Sydenham, Van Swieten, and others; while other observers (Todd, Lebert, Trousseau, etc.) have demonstrated a tendency in acute rheumatism to involve other portions of the nervous system. And, as we know the endocardium, pleura, etc., to be liable to rheumatic inflammation, we are justified in assuming the same with regard to the serous membrane of the brain. As to the action of cantharides blisters on the circulation in the pia mater, an experiment on the brain of a rabbit showed that the application of a blister to the nape of the neck, and even the back, was followed first by dilatation of the arteries of the pia mater, then by alternate dilatation and contraction, passing finally into a continuously contracted state, so that even amyl-nitrite was unable to produce dilatation.—*London Med. Record*, July 15, 1878.

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A NEW METHOD OF REDUCING LUXATIONS.—In the number of *La France Medicale* for May 8, M. Bazy thus describes his method of reducing dislocation of the shoulder. The same method is equally applicable to luxations of other joints :

“ A wet roller is applied from the ends of the fingers up to the lower part of the affected arm, where it serves to fasten a loop, formed either by a piece of bandage or a napkin. Through this loop is passed a rubber band, which at its other end is fastened to a ring fixed in the wall. The rubber band is thus passed alternately through the loop and through the ring, so as to form an elastic cord of 5 or 6 duplications, and about 40 centimetres (16 inches) in length. This elastic cord is not stretched at the beginning of the operation. This done, the patient is seated on a chair, the arm being then in abduction and horizontal. A counter extending band is passed around the body, and to this band is fixed one of the hooks of a pulley-tackle, the other hook of which is fastened to some object. The cord of the pulley is then slowly tightened, the chair being pressed back with the feet so that the patient always remains seated.” Reduction may thus be accomplished with great ease and with little or no pain in from 3 to 8 minutes. M. Bazy appends a table of 13 cases so treated at the *Hospital St. Antoine* during the year.—*Canadian Journal of Med. Science.*

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STIMULANTS IN TYPHOID FEVER.—In a recent clinical lecture, Prof. Pepper, of the University of Pennsylvania, has some observations upon the contested issue whether stimulation is valuable in cases of typhoid fever. “ Stimulants,” he is of the opinion, “ are, as a general rule, only needed in the case of an elderly person, or to meet certain indications, such as : 1. Ataxic nervous disturbances, sleeplessness, muscular spasms, maniacal delirium ; 2. Circulatory disturbances, feeble and rapid pulse, and feeble development of the first sound of the heart ; 3. Profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide downward off the pillow ; 4. Dry and brown tongue, sordes on the lips, teeth, and tongue.”

In using stimulants, he recommends to begin with the milder forms, such as wine whey, made in the proportion of one part sherry to three parts milk, from a gill to a half pint to be given in the course of three hours. He prefers to give whisky in lime-water and milk, in the proportion of one tablespoonful of each of the former to three ounces of the latter. Half an ounce of whisky per hour he regards as the maximum dose.—*Pacific Med. Journal*.

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TINCTURE OF ARNICA IN BEE STINGS.—Dr. S. B. Divelbiss, in *Medical and Surgical Reporter*, says:

Perhaps it is not generally known that the tinct. of arnica is the remedy *par excellence* in the treatment of the sting of the honey bee; but nevertheless it is true, as I can attest by personal experience. I have been engaged in bee-raising for several years, and as a natural result I am stung not infrequently, especially during the swarming season. Living in the country, and isolated from city conveniences, I have found it convenient and even necessary to keep on hand a supply of pharmaceutical and therapeutical preparations, so that my facilities for experimenting have been good in this line. I think that I have applied almost every medicinal preparation that could reasonably be expected to have any beneficial effect in such cases. But the results were all the same—unsatisfactory—until this Spring, when I was stung by a bee, and I applied the tinct. arnica and the relief was immediate and complete.

Since then I have applied it to many cases, and the effect has been invariably the same; the pain and swelling disappear immediately after applying the tincture. I write this with a hope of benefiting others, as I have been benefited by the discovery.

WEST POINT, MO., June 12, 1878.

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TREATMENT OF FURUNCLES BY ARNICA.—Dr. Planat, of Nice, claims that arnica has the power of aborting an eruption of boils, except when due to diabetes, with extraordinary rapidity. His method of employing it is very simple. In order to render its action on the small vessels more energetic, he applies it directly

to the inflamed spot in the form of an ointment, of which the formula is as follows: Extract of fresh arnica flowers, ʒijss, honey, ʒv. If the mixture be too fluid, he adds powdered lycopodium or althæa, or some other inert powder, until it acquires the proper consistency. It is then spread pretty thickly on a bit of oiled silk or diachylon plaster, and applied directly to the boil. It is rarely necessary to renew the dressing more than once in twenty-four hours. As a rule, two or three dressings are enough to make the furuncle abort, no matter what be the period of its evolution.

A curative action is also obtained by the internal administration of the drug. Dr. Planat gives from three to four drops of the tincture, largely diluted, every two hours, and he has seen the furuncular eruption disappear very rapidly under the treatment.—*Medical Record*.

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ALCOHOL AS A MENTAL STIMULANT.—A writer in the "Lancet" says: The brain must be fed and nourished by special design. An adequate supply of oxygen is the preliminary requirement. Then comes the question of food: and, whatever else may feed the brain, workers with this organ should be assured that alcohol will not sustain it. Alcoholization and oxygenation are directly antagonistic processes; and even if alcohol be food for the brain, the organ cannot feed when the nutrient fluid circulating in its vessels is disabled from the task of conveying oxygen, which happens whenever spirit is present in more than very moderate proportions in the blood. The relief afforded by alcohol from the sense of depression produced by a lack of oxygen, is, therefore, illusory. It is procured by over-stimulating an organ which is both exhausted and impaired.—*Phil. Med. and Surg. Reporter*.

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"PERFECT KNOWLEDGE OF THE ACTION OF MEDICINES."—Dr. Bence Jones says: "Perfect knowledge of the action of medicines can only be obtained when the action of each force in each texture of the body can be estimated." There is a great waste of words in the utterance. Why not cut the matter short by saying that perfect knowledge of the action of medicines is utterly unattainable.—*Ex*.

THE PITH OF THE DRIED CORN-STALK AS A UTERINE TENT.—Dr. W. T. Goldsmith, of Atlanta, brings this substance to notice in the *Transactions of the Medical Association of Georgia*, 1878. Take a joint of dried corn-stalk; strip it of its cuticle, and compress the pith, slowly and firmly, between the thumb and index-finger. By continued pressure, it is reduced four or five times less than its original size. It has a dilating power equal to sea-tangle or sponge. The corn-stalk tent is of easy introduction. Its rigidity overcomes any slight resistance. Dr. Goldsmith has used this tent for the last seven years. He has not had a single accident from its use, although he has introduced the tent many hundreds of times. The advantages of this corn-stalk tent are:

It dilates effectually, but not too rapidly.

It is smooth, soft, and can be removed without force.

It produces no lacerations, abrasions, or irritation of the mucous membrane.



## REPORTS OF YELLOW FEVER.

Office Surgeon General, U. S. M. H. S., }  
Washington, September 28th, 1878. }

ABSTRACT OF SANITARY REPORTS RECEIVED DURING THE PAST WEEK UNDER THE NATIONAL QUARANTINE ACT:

*New Orleans.*—During the week ended yesterday evening there were 926 cases of yellow fever and 332 deaths. For the last twenty-four hours there were 124 cases and 51 deaths. Total cases 8,464, deaths 2700.

*South Pass, La.*—There had occurred to the 26th inst. 42 cases of yellow fever and 2 deaths.

*Morgan City, La.*—For the week ended yesterday evening there were 79 cases of yellow fever and 12 deaths. Total cases 145, deaths 30.

*Baton Rouge, La.*—From September 20th to 9 a. m., the 26th, there were 221 cases of yellow fever and 7 deaths. Total cases 893, deaths 46.

*Plaquemine, La.*—During the week ended September 15th there were 16 deaths from yellow fever. 130 cases were still under treatment. The first case occurred August 1st. Total cases to September 15th, 305, deaths 53.

*Pass Christian, Miss.*—12 cases of yellow fever and 2 deaths occurred during the week ended yesterday evening. Total cases 33, deaths 3.

*Biloxi, Miss.*—There were 5 cases of yellow fever and 1 death during the last week. Total cases 25, deaths 8.

*Mississippi, City, Miss.*—8 cases of yellow fever and 1 death occurred last week.

*Ocean Springs, Miss.*—During the week ended yesterday evening 9 cases of yellow fever occurred and 5 deaths. Total cases 60, deaths 17.

*Bay, St. Louis, Miss.*—There were 53 cases of yellow fever and 15 deaths during the week ended yesterday evening. Total cases 78, deaths 20.

*Water Valley, Miss.*—During the eight days ended September 21st, there were 18 cases of yellow fever and 5 deaths. Total cases to that date 21, deaths 7.

*Vicksburg.*—58 deaths from yellow fever during the week ended yesterday evening, 14 of which occurred in the last twenty four hours. Total deaths to date 779. Assistant surgeon Keyes, reports "epidemic over," save a few sporadic cases.

*Greenville, Miss.*—Out of a remaining population of four hundred and fifty, 227 have died of yellow fever. 60 persons are now sick with the fever, mostly convalescent, and "material for new cases exhausted."

*Grenada.*—Since last report there have been 10 new cases of yellow fever and 3 deaths. Total deaths to yesterday evening 274.

*Port Gibson, Miss.*—Total cases of yellow fever to last evening 620. Total deaths 110.

*Memphis.*—Deaths from yellow fever for the week ended september 26th, 297. Total deaths 2428.

*Brownsville, Tenn.*—During the week ended yesterday evening, 67 cases of yellow fever, and 22 deaths occurred. Total cases 197, deaths 66.

*St. Louis.*—During the past week, four deaths from yellow fever at quarantine; none in the city. Only 2 cases now under treatment at quarantine.

*Cairo, Ills.*—During the last week there were 2 cases of yellow fever, one of them a refugee. Total cases 14, and 6 deaths.

*Louisville, Ky.*—18 cases and 10 deaths from yellow fever occurred during the week ended September 27th, 9 cases and 5 deaths were among the inhabitants living within two or three squares of the Louisville and Nashville depot, where some unclaimed baggage of refugees had been stored. The first case among the inhabitants occurred September 23rd. Total cases 95, deaths 36.

*Cincinnati.*—No new cases nor deaths from yellow fever within the last week.

*Gillipolis, Ohio.*—Since last report to September 24th, 3 new cases of yellow fever and 5 deaths have occurred; 2 of the new cases are not traceable to the Steamer "Porter." Total number of cases 31, total deaths, including the 6 on the "Porter," 17.

*Chattanooga, Tenn.*—A refugee was taken with yellow fever August 21st, and another September 6th. The first case among the inhabitants occurred September 18th. Total cases to last evening 41, deaths 26.

*Mobile, Ala.*—From September 20th, to the evening of the 24th there were reported to the Board of Health as yellow fever, 11 cases and 7 deaths.

*Key West Fla.*—No new cases of yellow fever the past week. One refugee died of yellow fever in Dayton, Ohio, September 21st. One case of yellow fever occurred in Philadelphia, and one in Richmond during the same week, both were refugees from the South. Yellow fever prevails in a number of small towns in Louisiana, Mississippi, Tennessee and Kentucky, from which definite information of the number of cases and deaths has not been received. The fever is reported as spreading to the plantations.

*Havana, Cuba.*—For the week ended September 21st there were 31 deaths from yellow fever, and 9 from small pox.

*Rio de Janeiro.*—From 14 to 22 deaths from small pox occur daily. No other contagious disease prevails.

*Morocco, Africa.*—Advices from Fez and Mequines to August 24th are to the effect that the cholera is decreasing. Small pox prevails in the ports of Magador and Saffi. In the latter port about 15 deaths occur daily from that disease.

*Calcutta.*—10 deaths from cholera, and 17 from small pox, week ended July 27th.

*Bombay.*—32 deaths from cholera, week ended August 6th.

JNO. M. WOODWORTH,  
Surgeon General U. S. Marine Hospital Service.



## EDITORIAL.

THE DREADFUL SCOURGE OF YELLOW FEVER now raging in the South, and its wide spread devastation, is unprecedented in the history of recent years, and presents a subject of absorbing interest and for serious consideration. From the first appearance of the disease, about the 10th of July, until the present writing it has raged with unabated violence and stricken down thousands of human lives.

Its march has been rapid, appearing first in New Orleans, then almost simultaneously in Grenada, Vicksburg, Memphis, and other cities and towns. The force of the disease has expended its main effort upon New Orleans, Memphis and Grenada, though one or two small towns, notably Port Gibson, Miss., have been entirely devastated. The last report states there were 500 cases of yellow fever and 94 deaths in Port Gibson, and "only few subjects left to take it." Up to date 7,538 cases had occurred in New Orleans, with a mortality of 2,368. In Memphis a city of 40,000 inhabitants, during the week ending September 19th, there were 620 deaths. The loss of life thus far approaches thousands, and the suffering and misery entailed upon the living indescribable.

Business of every character is completely paralyzed, the time and attention of the well being absorbed in services to the sick and dead. This scourge, so devastating in its character, has elicited the thoughtful attention of eminent physicians and scientists, and wild theories and speculations are afloat as the character of yellow fever, its origin, mode of propagation and management, and conflicting opinions are presented. "The weight of scientific evidence seems to warrant the conclusion that the disease is produced by an invisible poison-germ capable of self multiplication outside of the human organism which it enters through the air passages. This poison or miasm is a product of the tropics. The germ is transmissible and is capable of being transported in clothing or the personal effects of passengers and sailors. It is not communicated from the sick to the well, the sick and well being dangerous only as possible carriers of the poison-germ."

On the other hand, however, a respectable number of physicians hold to the opinion that yellow fever is strictly an endemic disease, that it takes its origin in local causes and is similar in character to the intermittent and remittent fevers being the same poison insensified in yellow fever.

The argument presented by the latter class of physicians is this, yellow fever has never appeared in any place upon the earth where intermittent and remittent

fever did not exist, therefore destroy the conditions which induce the malarial fevers and you destroy the poison germs of yellow fever. This argument is notably weak, and may be set aside briefly.

The course of yellow fever is essentially distinct from the malarial fevers, the one is self limited, the other noted for its persistancy. The remedies which are specifics in malaria, quinine and arsenic, have no control over yellow fever. It is held one attack from yellow fever protects against future attacks of the disease, not so with malaria.

A word as to the extension of the disease. The efforts to prevent its spread by disinfection have notably failed, and the power claimed for carbolic acid of circumscribing localities and thus arresting the advance of yellow fever has been practically abandoned. Yellow fever has walked along with defiant steps and has been no respecter of localities in infected cities. Notably the higher and more elevated, and more cleanly districts in New Orleans have been attacked, whilst low, damp and squalid sections have escaped. This has not been the case, however, in other cities. In Grenada, Miss., a beautiful inland town of 2,500 inhabitants, once noted for its health and cleanliness, and its freedom from the malarial fevers, and similar epidemics of yellow fever, the origin of yellow fever is directly traceable to a specific cause, deficient and faulty drainage.

The rapidity with which yellow fever has attacked different cities and towns along the Mississippi, as high up as Cairo, is worthy of note. There is no evidence of the propagation of the disease by infection in Memphis or Vicksburg, and other small towns south of Cairo. The cause or causes which existed in New Orleans, where the fever first appeared, likewise existed in these places. The efforts to enforce quarantine regulations have not appeared to have worked to the advantage of these cities; on the contrary untold misery, distress and privation have resulted, and great commercial loss and stagnation induced by the enforcement of quarantine laws. There is no evidence to show that yellow fever is communicated by persons, and as a rule wherever parties have fled to other localities, far distant, they have sickened and died without communicating the disease to others. The disease is mainly propagated by fomites, vessels and conditions favorable to the reception of the poison germs. One instance is reported by the United States Quarantine Sanitary Abstract, unique in character, as showing the true limit to the quarantine regulation and its real sphere for action. The steamboat John D. Porter, from New Orleans with infected cargo is allowed to pass up the Mississippi and Ohio, as far as Gallipolis, Ohio, and here her barges anchor. No effort was made to arrest her progress and after completing her voyage she anchors among explosives and communicates to the inhabitants of this town the devastating poison. 25 sick and 9 deaths thus far attest the madness of such violation of law and humanity. Did the quarantine regulation go out to such instances as this and ascertain the true cause of infection, instead of wasting its effort upon closing in helpless women and children, and shutting out all foreign intercourse and commercial exchange, its mission would not be open to such condemnation.

It is no fault of the Marine Hospital service that this violation existed. Its power is limited to foreign quarantine and the law forbade its interference in this case. Local authorities could only prevent her landing, clearly then the responsi-

bility rests somewhere, and steps should be taken by the state or general government to regulate internal quarantine laws. Many lessons of heroism and noble illustrations of duty have been taught by those who have given their services and, in many instances, lives to the inhabitants of these infected cities. The soldier on the battle field is nerved to the contest by the roar of musketry and sight of the enemy, but these worthy braves have stood face to face with a pestilence which walketh by stealth to attack his defenceless victim. The wail of sorrow which comes up from these stricken people should call forth the best effort of science. As has been urged by the citizens of Memphis, a commission of eminent scientists, appointed and maintained by the government, should be delegated to investigate into the cause or causes which produce yellow fever and if possible ascertain the best means of preventing its development.

One lesson has been clearly taught to the local health boards of cities and towns, and unless sanitary rules are rigidly enforced and the cleanliness of cities preserved, similar attacks may be expected in future, equal in violence to the one now raging.

To the neglect of sanitary laws the loss of many lives and untold destruction to property are directly traceably.

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THE NUMEROUS MEDICAL SOCIETIES in this city will resume their usual winter meetings the present month, and there is a promise of good attendance and interest upon the part of the members. It was remarked that the interest manifested by the members of these medical societies during last winter was more apparent than at any time since their organization. We believe this interest was in great part due to the fact that the proceedings of these societies were recorded and published regularly in this JOURNAL.

Many members of the societies were thus induced to study up and present their cases, feeling that some record of their labor would be made. No man is interested in working up material which will perish after being presented to a very few hearers; hence we believe that the publication of society reports has acted beneficially upon members of societies and, likewise, beneficially to the interest of this JOURNAL.

We propose the coming winter to publish full proceedings of every society in this city and urgently request the Secretaries to furnish us with full reports. No pains will be spared to make these records contain just the material which should be published, scientific facts and the results of careful experience and observation, with reports of rare and interesting cases.

During the past winter many valuable facts were published in our society reports, and they were read with interest and profit by our many readers. The coming winter we propose to publish more that is rare and instructive. We call upon the members of Medical Societies to furnish us with the data and we obligate their publication. We have previously commented upon the advantages which result from these medical organizations, and pointed out the result of a free exchange of opinion and discussion of individual views on medical questions. Aside from the purely professional advantage, which all must admit, we hold up the social and moral element as an urgent appeal to the support of all medical associations.

We urge the profession everywhere to identify themselves with local medica

societies and help along the cause which engenders peace and fraternal feeling among co-workers in a noble profession, and which stamps quackery and empyrism as unworthy of our high art and vocation.

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THE USUAL WINTER COURSE OF LECTURES IN THE TWO MEDICAL SCHOOLS IN THIS CITY, the University of Maryland and College of Physicians and Surgeons, will be resumed the first week in this month. A number of students have arrived in the city and engaged quarters for the winter. We understand the promise of a large class in attendance upon Lectures is more encouraging than for some years past.

Medical Students, in search of a sound and practical medical education, would do well to examine into the merits of the schools in this city before going elsewhere. Baltimore offers special advantages as a great medical center. Her schools are among the best and oldest in this country, and her hospital facilities equal to any in the land. Her climate, central location and the well known hospitality of her citizens, makes a winter's residence here attractive and pleasant. Her medical schools are supplied with able and diligent teachers, and no pains are spared to drill the student in the theory and practice of his profession. Clinical teaching is an important feature in the education of the medical student. The large Hospitals and Dispensaries attached to the schools in Baltimore offer an abundant supply of the best clinical material, which is daily used in the clinical Lectures.

Baltimore is a Southern city, and the student from the South will find a congenial home among the hospitable people here.

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THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, has issued the following card to its members:

"*The Library Committee* announces that the Library is again open, with new and increased privileges. The thirty-three weekly and monthly Journals received, after remaining on the tables one month, are encased in "Temporary Binders." These, with many late publications and newly-bound volumes, or any books in the library, can now be removed by members who have paid their dues."

"The books are recorded by the new system of "Card Catalogue," which consists of a cabinet of drawers labeled and arranged alphabetically, by which members can select any book upon the shelves."

"The Library is open daily, except Sundays, from 11 A. M. to 7 P. M., and the Librarian will be in attendance from 3 to 6 P. M., at which time only periodicals can be removed."

"In answer to the June circular, a large number of valuable books, journals and Transactions have been received. The Committee continues to solicit like donations, and will call for the same, upon notice being sent to the Librarian, 122 W. Fayette Street."

"The attention of members is called to the Library Rules appended to the Constitution and By-Laws of the Faculty."

THE AMERICAN GYNECOLOGICAL SOCIETY met in Philadelphia on the 27th ultimo. The following officers were elected for the ensuing year: President, Dr. T. G. Thomas, of New York; Vice-Presidents, Drs. D. H. Stover, of Boston, and H. P. C. Wilson, of Baltimore; Treasurer, Dr. P. F. Munde; Secretary, Dr. J. R. Chadwick. A number of excellent papers were presented. The next meeting will be held in Baltimore, on the third Wednesday in September, 1879.

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DR. J. MARION SIMS, who expected to leave Paris, on his way to New York city, on the 29th instant, has determined to remain there another year, in order to facilitate the completion of his book on surgery. He hopes to have the work ready for publication some time during the coming year.

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DR. GEO. H. ROHE, of this city, has received an appointment in the Signal Service and been assigned to duty in charge of the Station at Atlanta, Georgia. His many friends will regret his departure.

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THE NINTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF VIRGINIA, will commence in Richmond on Tuesday, October 22nd, 1878. Ample arrangements will be made for delegates and visitors.

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PROF. FRANK DONALDSON, M. D., of this city, has recently returned from an extended tour in Europe.

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DR. B. F. LEONARD, has been appointed Attending Physician to the Hebrew Hospital of this city. A compliment well bestowed.

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DR. J. E. CLAGGETT, of this city, was registered in Paris a few days ago.

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DR. LANGDON A. CHEVES, who went to Memphis as a volunteer physician from Savannah, and died of yellow fever on the 25th of September, was a graduate of the University of Maryland last year, and had many friends in Baltimore. He was 24 years of age at the time of his death. His grandfather (Hon. Langdon Cheves) was formerly Speaker of the House of Representatives in the United States Congress.

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THE LECTURES at the College of Physicians and Surgeons, and University of Maryland begin this week. The introductory lecture at the former will be delivered by Prof. E. Lloyd Howard, M. D., and at the latter by Prof. Francis T. Miles, M. D.

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DR. GEORGE W. BRIGGS, of Suffolk, Va., has been elected Professor of Agriculture, in the Maryland Agricultural College.

## BRIEFS.

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A FATTY TUMOR WITH SOME REMARKABLE FEATURES.—Dr. H. P. C. Wilson, of Baltimore, recently removed a tumor from a colored woman and exhibited to the Academy of Medicine of that city with remarks; we alluded to the case last month. "It was pediculated, and grew from the skin over the anterior superior spinous process of the right ilium. The pedicle was two inches long and one and three quarter inches thick. When the woman was in the erect position, and the weight of the tumor put its tegumentary attachment upon the stretch, its lowest extremity reached nearly to the middle of the thigh."

The case presents the following interesting and unusual history and features:

"1. She was born with what was considered to be two moles, one on her back near the lower angle of the right scapula, and the other on the anterior superior spinous process of the right ilium. The latter grew into the above tumor; the former remains as it was when she first remembered them both, about the size of an ordinary pea. It has not grown a particle in forty years. The latter did not begin to grow till she reached the age of thirty, and has been growing steadily and uninterruptedly since.

"2. With each menstrual period this tumor increased one third in size and weight, and decreased with the subsidence of menstruation. It was also exceedingly sensitive at these times; was often very painful, and could be carried with comfort only in a sling. These facts may throw some light on the cause of its growth, while its associate has remained stationery. Connection with the pelvic arteries and nerves and its periodic congestions would explain the growth of this above its fellow, but it will not explain why this only began to grow at the age of thirty.

"3. This woman never had but one child; was married at eighteen, child born at nineteen; husband was sold from her immediately after delivery; was married a second time, but never became pregnant; always had perfect health. She menstruated regularly every month, while she was pregnant, for six or seven days at a time, and used from four to six napkins daily when at her worst. At the end of her term, she was normally delivered of a healthy child.

"In a considerable experience of twenty-seven years, this is the first case of the kind with which I have met. I have repeatedly seen women apparently menstruate for one, two or three months after conception, but I have never seen one before menstruate regularly during the whole term of pregnancy, and with no unpleasant results to either mother or child. In all the cases which I have examined where there was apparent menstruation for several months after the inception of pregnancy, there was found to be granular erosion about the cervix and up the cervical canal; and with the mucous membrane in this raw condition, and softened by pregnancy, it was easy to see how the slightest irritation might produce a flow of blood at each menstrual period until the habit of menstruation had been effectually interrupted.

"It is also easy to conceive how in such a condition of the cervical mucous membrane the habit alone of monthly uterine congestion might be sufficient to cause a flow of blood similar to menstruation at the beginning of pregnancy; and I can imagine how under such conditions it might continue for nine months; but this woman's uterus was perfectly healthy, and she never had the slightest discomfort about it or the slightest reason to think it diseased.

"4. Up to the age of thirty, when this tumor began to grow, she was regular in her bowels every day; but from thirty years of age to date of the operation she has been most obstinately constipated, never having an evacuation from the bowels oftener than once in two weeks, and usually once in four to six weeks; and notwithstanding this most unusual constipation, she has never had a headache or any unpleasant symptoms. I saw the patient yesterday (one month and fourteen days after the operation), and she assures me that she has not missed one day since then without a free evacuation of the bowels; sometimes two or three a day, and that without any laxative medicine.

"5. Her uterus was found organically and functionally healthy. She never had any pain in menstruating till since the removal of the tumor. At the two menstruations since she has had some pain. These facts may throw some light on the points, that before the tumor began to grow the patient's bowels were perfectly regular; during the growth of the tumor the bowels were most obstinately constipated, and after the removal of the tumor the bowels became regular every day, and occasionally several actions a day. The innervation due to the bowels for their healthy action was concentrated on the development of the tumor; and when the tumor was removed the whole nervous supply was suddenly thrown back on the abdominal and pelvic viscera, as

evinced by neuralgia of the bowels and uterus. The bowels become regular with pain; the uterus menstruates with pain; but so soon as this undue and sudden nervous flow is more equally distributed, these viscera will no doubt perform their functions without pain."—*Obstetric Gazette*.

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A MEANS OF LOWERING THE GENERAL TEMPERATURE.—Mr. Spencer Wells, in his lecture on the diagnosis and treatment of abdominal tumors, states that as a means of lowering temperature in cases when it has risen after ovariectomy, he has tried a tonic in small doses, quinine in large doses, salicylic acid in the form of salicylate of soda, in fact almost every medicine that has been suggested as effecting this purpose, but all these trials have ended in disappointment. He has, however, succeeded distinctly in lowering temperature, and in keeping it low by the application of ice or iced water to the head. The first trials were made after a suggestion of Dr. Richardson, by putting an ice-bag round the neck. Dr. Richardson believed that by iceing blood that went through the carotids to the brain, and blood that came back through the jugulars, we should directly lower the temperature of the brain itself; and probably it may have been done experimentally, but in practice it was not found easy to do. It was difficult to keep any kind of cravat or collar that was tried, filled with ice, round the neck of the patient; it slipped off, and the old India rubber bag or ice helmet, so well known in lunatic asylums, had to be resorted to. After a time Mr. Thornton combined a particular form of cap which answers the purpose extremely well. A pail of water with a large lump of ice in it is placed above the bed of the patient and the stream of iced water runs through the cap, which is formed of a coil of India rubber tubing lined with linen. That is placed upon the patient's head, and is made of different sizes and shapes to fit the patient; the other extremity of the tube is put into a second pail at the side of the bed, and by this means the head is iced. The effect in lowering temperature is very marked, the thermometer in almost all instances indicating a fall of temperature within an hour. If the temperature be rising it is checked, and if very high it can be lowered, and so time is gained for the recovery of the patient. Many of the evil effects of ovariectomy appear to be due to the fact that the temperature of the body is for a time too high. The brain receiving blood of a temperature  $5-6^{\circ}$  higher than it has been accustomed to,

does not give its orders to the secreting organs as it should do, and they all suffer in consequence. The kidneys do not act, there is no action of the bowels, and all the processes of nutrition and secretion suffer.—*Brit. Med. Journal*, July, 13,

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EXPERIMENTAL RESEARCHES ON THE INFLUENCE OF ARSENIC UPON THE ORGANISM.—C. Gies (*Cbl. f. Med.*, 1878, p. 378; from *Archiv. f. Exp. Pathol.*) fed rabbits, chickens, and pigs for four months with gradually increasing doses of arsenious acid. The animals generally grew heavier and fatter; growth in the epiphyses and periosteum of the bones was quite marked, compact substance being observed in those parts which are usually spongy. In this respect the action of the arsenic was similar to that observed after the ingestion of phosphorus. One very curious circumstance observed by Gies was that animals kept in the same cage with those used for these experiments also became fat and showed consolidation of the bones. G. attributes this to the influence of the arsenic eliminated by the skin and lungs of the animals used for experiment. He also observed that animals kept in cages the floor of which was impregnated with arsenic showed the same symptoms. The above appearances were noted in young and growing animals. In adults, the cortical portion of the diaphyses was decidedly thickened, and at the same time fatty deposits took place in heart, liver, kidneys, and spleen. When the dose of arsenic was increased beyond a certain point, these changes in the osseous system were less prominent, the features of chronic arsenical poisoning being observed, such as inflammatory symptoms in the stomach, intense hyperæmia of the intestinal mucous membrane, as well as extreme fatty degeneration of the liver, spleen, kidneys, and heart. The young of pregnant rabbits thus treated came into the world dead, and showed the initial symptoms of the disturbances above noted, with decided hypertrophy of the thymus gland.—*Philadel. Med. Times*.

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HONORS.—We know a lady who has a warm regard for two well known Gynecologists of this valley: twins came to her house recently, and wishing to do honor to her friends she named one of the youngsters *Thad*—she intended to call the other *Bruce*, but unfortunately the sex would not permit—and so she called it—*Malta*.—*Obstetric. Gaz.*

NATURE AND TREATMENT OF NEURALGIA.—Dr. James B. Baird, of Atlanta, Georgia, in a paper on this subject, read before the Georgia Medical Association, sets forth the following conclusions:

1. Neuralgia, literally considered, is not a disease, but a symptom of some unknown pathological state of a sensory nervous trunk, fibre or filament.

2. It is characterized by attacks of pain of greater or less intensity, frequency and duration.

3. The pain is paroxysmal, being marked by more or less complete and protracted remissions or intermissions.

4. The causes of neuralgia are numerous, but the most frequent cause, in the opinion of the writer, in this country, at least, is malaria.

5. Its essential pathological nature is unknown.

6. The diagnosis as to the existence of the affection is ordinarily sufficiently easy, though the attempt to trace its origin, is frequently attended with much difficulty.

7. The prognosis depends upon the cause and our ability to remove it by the means of treatment at our disposal.

8. The treatment should be constitutional and local.

9. The general treatment should be directed, as far as our knowledge or suspicions will warrant, against the cause of the attack. It should be persevered in with a view of removing any supposed taint or infection that may exist, and of augmenting the powers of the system.

10. Apart from any constitutional therapeutic indications, electricity and morphia hypodermically are the most reliable remedies that we possess.

11. Galvanism is by far the most efficient form in which electricity can be administered.

12. To secure the best attainable results, galvanization must be used intelligently, and, in many cases, perseveringly.—*Pacific Medical and Surgical Journal*.

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POSITION AS ASSISTANT SURGEON UNITED STATES ARMY.—Young men desirous of a position in the Medical Department of the Army are informed that a Board for the examination of candidates for the position of Assistant Surgeon United States Army will be in session in New York City during the months of October and November, 1878. There are now eleven vacancies in the corps, so that those who pass the necessary examination may be sure that they will

be promptly approved and assigned to duty. The assistant surgeons have the rank, pay and emoluments of lieutenants of cavalry for the first five years' service, and of captains of cavalry after five years' service. All candidates for appointment in the Medical Corps must apply to the Honorable Secretary of War for an invitation to appear before the Medical Examining Board. The application must be in the handwriting of the candidate, stating age and birthplace, and be accompanied by testimonials from professors of the college in which he graduated, or from other physicians in good repute. Candidates must be between twenty-one and twenty-eight years of age, and graduates of a medical college, having a thorough and complete course of medical education, evidence of which must be submitted to the Board before examination.

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CHRONIC PHARYNGITIS.—The following treatment of Pippingsköld for chronic pharyngitis will at least commend itself for its simplicity. In case of pharyngeal catarrh, with extension to the mucous membrane of the general air-passage, he recommends methodical and thorough gargling, morning and evening, with water at a temperature of 15° to 20° C. This to be continued for months, or, under certain circumstances, for a whole year; at least to be recommended as soon as the symptoms of the catarrh shall begin again to annoy the patient. Two glasses full of water at the above temperature—used at each gargling—relieve hyperæmia, and restore tone to the relaxed vessels of the soft palate. Ice-cold water, in less quantity, will reduce the temperature of the parts more quickly, but causes a powerful reaction, with increased hyperæmia, and can easily therefore do more harm than good. The writer recommends this remedy likewise in granular pharyngitis.—*N. Y. Med. Journal*, July, 1878.

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WE LEARN from the *Allgemeine Wiener Med. Zeitung* that the cause of Rokitansky's death is exciting considerable discussion amongst the physicians who attended him. Some contend that he had bronchiectasis with an hypertrophied heart, whilst others insist that the symptoms of aortic aneurism were too plain to be mistaken. To spare the feelings of some of these friends, Rokitansky who had himself searched for the cause of death in upwards of thirty thousand cases, requested that his own body should not be opened. Discussion will not, of course, settle this dispute, and the matter will continue to be one of doubt.—*Lancet and Clinic*.

THE INDEPENDENT has recently set an example eminently worth following by the religious press generally. Under the head "SANITARY" appears weekly an article, selected or otherwise, on some subject connected with the preservation of health. Meanwhile quackery in the form of advertisement has wellnigh disappeared from its columns. Godliness and filth are wholly incompatible with one another, and *the* filth of some of the so-called religious press, under the form of advertisements, shows such papers to be unworthy of the names they bear; they are simply promoters of corruption and vice under the guise of religion, and should fall under the bans for the suppression of obscene literature.—*Sanitarian*.

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TREATMENT OF ERECTILE TUMORS.—Verneuil (*La France Medical*) recommends injections of small quantities of the following solution :

Distilled water,	} aa. 30 grammes.
Perchloride of iron.	
Chloride of sodium, 4 grammes.	

Several punctures may be made, and a few drops injected at each, the skin surrounding the tumor being firmly pressed by the ring of a key, to prevent absorption taking place before the clot is formed.—*The Doctor*.

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A CURIOUS CASE.—A little child at Brighton has been killed by accidentally swallowing a squeaking air-bladder. It appears, from information kindly furnished us by Mr. G. A. Johnson, that the toy slipped through the glottis with the bladder downwards, and the quill mouthpiece upwards, so that with every inspiration the bladder became more or less inflated, and thus prevented the entrance of air to the lungs, and produced death by suffocation. A verdict of "accidentally suffocated" was returned by the jury. The case must be unique.—*Ex*.

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CRACKED NIPPLES.—When not caused by constitutional disease, should be freely washed with the tincture of benzoin. Under this treatment they will generally heal in from five to ten days. Only the first applications are painful. The tincture of benzoin forms a varnish over the surface of the cracks, and thus protects them during the act of nursing. The great advantage of the treatment is that it in no wise interferes with lactation.—*Progres Medical*.

LIQUOR BISMUTHI FOR NASAL CATARRH.—Dr. Q. C. Smith writes to the *Pacific Medical Journal*, recommending for nasal catarrh liquor bismuthi and water, equal parts, applied one to three times a day to nostrils, pharynx and naso-pharyngeal cavity, freely, with a spray producer. He has found this during an experience of several months, to produce very satisfactory results. Sulpho-carbolate of zinc, in weak solution, as mentioned by other writers, he regards also as a very efficient remedy; applied in the same manner.—*Med. Press.*

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QUININE has advanced in price, until it is now higher than it has been in this country, since the close of the war. This is attributable not only to the spread of malarial disease, but to the falling off of the supply of bark, owing to the troubles among the South American tribes of Indians, who are the principal gatherers. They have shipped no bark for eight or nine months.

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LENGTH OF LIFE OF ENGLISH PHYSICIANS.—The list of deaths of medical men in England contained in *The Doctor* for August, furnishes the ages of twenty-six decedents. The youngest was thirty-two and the oldest eighty-seven. Four were between seventy and eighty, and four between eighty and eighty-seven. The average of the whole number was 56½ years.

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THE AMERICAN OPHTHALMOLOGICAL SOCIETY.—The following the officers for the ensuing year: President, Henry D. Noyes, New York; Vice-President, William F. Norris, Philadelphia; Secretary and Treasurer, R. H. Derby, New York; Publishing Committee, R. H. Derby, D. B. St. John Roosa, E. G. Loring.

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THE AMERICAN OTOLOGICAL SOCIETY.—The ninth annual meeting was held in Newport, R. I., July 24th. The following officers were elected for the ensuing year: President, Albert H. Buck, of New York; Vice-President, Charles H. Burnett, of Philadelphia; Secretary, J. Orne Green, of Boston.

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A PRIZE OF \$500.—The Alumni Associates of the New York College of Physicians and Surgeons offer a prize of \$500 for the best essay on any medical question. The essay must be based on original investigations.

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## OBITUARY RECORD.

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DR. HERMANN LEBERT, of Vevay, died suddenly in Switzerland, on August 1st. He was born in Breslau, and at the time of his death was 66 years of age. From 1852 to 1859 he was professor of Medicine in the University of Zurich, and from 1859 to 1875 held the same chair in the University of Breslau. In 1875 he resigned his professorship on the score of ill-health, and since then has practiced medicine in Vevay. He was the author of several valuable works that have secured for his name an honorable place in the galaxy of medical celebrities.

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DR. D. PRESTON PAYNE, a son of Dr. Alban S. Payne, of Markham, Va., accidentally shot himself through the head, in the latter part of last month, causing instant death. He was a young man of fine appearance and good attainments, and gave promise of usefulness in his profession.

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DR. WM. R. HODGES, died in Memphis, recently, a victim of yellow fever, at the age of 42 years. He was a native of Matthews County, Virginia. He was a surgeon in the Confederate Army and located in Memphis at the close of the war.

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DR. W. W. MACLIN, of Hicksford, Va., died in Richmond on the 14th of August, of typhoid fever. He was young and gave promise of great usefulness.

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DR. AUGUST PETERMAN, the distinguished German geographer, died recently. He was in Baltimore in 1876.

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## DEATH OF PHYSICIANS FROM YELLOW FEVER.

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We publish the names of the following physicians who have fallen victims to the pestilence now raging in the South. The list contains the names of 42 men who have gallantly stood at the post of duty and perished in a noble, cause serving humanity. It is not sufficient that the names of such men should be made public, a more substantial

testimonial should be made to their heroism. Many of these physicians have left helpless wives and children to mourn their loss, and to feel the void which time cannot fill. As has been done in New York, we suggest that the profession in this city and state, and throughout the country, should create a fund to be devoted entirely to the aid of the families of physicians who have perished from yellow fever. A small contribution from each individual member of the profession would be ample to meet the wants of the sufferers. If any member of the profession desires to contribute to this cause and will forward his donation to this office, it will be promptly handed over to the proper parties in the South.

*Grenada, Miss.*—August 19th, Dr. Milton and Dr. Hawkins. September 1st, Dr. W. W. Hall, Dr. Hughes. September 5th, Dr. Gillespie. September 7th, Dr. E. J. Hughes. September 13th, Dr. May.

*Memphis, Tenn.*—August 21st, Dr. F. Sarner. August 25th, Dr. John C. Rogers. August 28th, Dr. Hopson. August 30th, Dr. K. T. Watson. September 2d, Dr. L. R. Laske. September 4th, Dr. W. R. Hodges. September 7th, Dr. T. M. Dickinson. September 8th, Dr. R. B. Williams and Dr. Mead, a volunteer from Kentucky. September 13th, Dr. J. B. Woodward. September 15th, Dr. McGregor, of Tipton Co. September 16th, Dr. T. L. Bond, of Brownsville; Dr. Menees, of Nashville; Dr. J. R. Renner, of Indianapolis, Ind. September 17th, Dr. John Erskine, Health Officer; Dr. J. E. Penn. September 18th, Dr. J. B. Hicks and Dr. J. S. Bankson. September 18th, Dr. Hiram Pierce, of Cincinnati. September 21st, Dr. J. G. Gorrell, of Indiana. September 22nd, Dr. J. J. Heady of Texas.

*Vicksburg, Miss.*—August 20th, Dr. Booth. September 6th, Dr. P. F. Whitehead, Dr. Potts and Dr. Bichfeldt, of Chattanooga.

*New Orleans, La.*—September 2nd, Dr. J. G. Byrne. September 12th, Dr. Herndon.

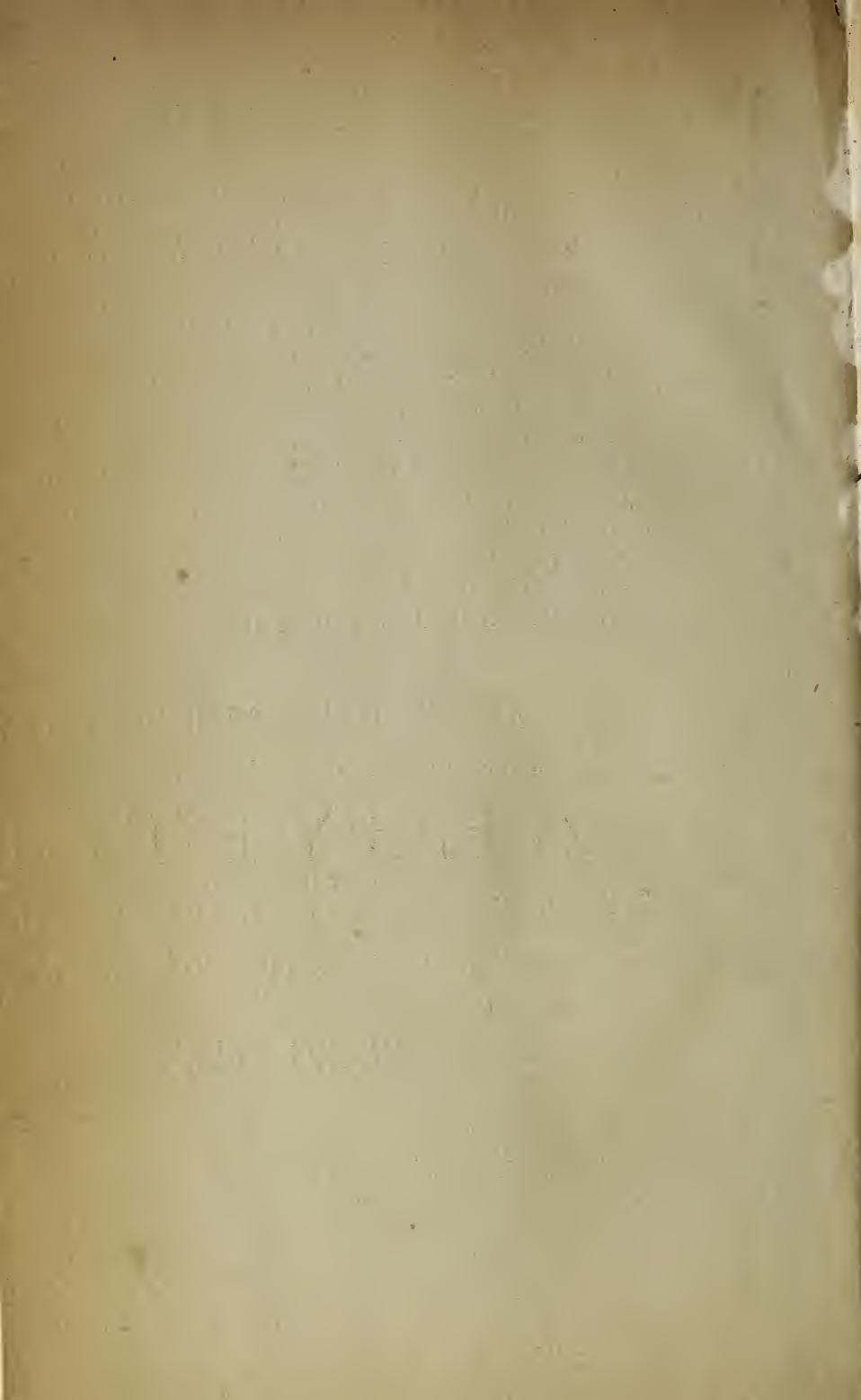
*Canton, Miss.*—August 23rd, Nathan McGee. September 1st, Dr. M. J. McKee. September 17th, A. F. Cage.

*Holly Springs, Miss.*—September 17th, Dr. F. M. Fennell.

*Hickman, Ky.*—September 13th, Dr. J. D. Woodward.

*Fulton, Ky.*—September 21st, Dr. Booz. September 24th, Dr. G. W. Kibbee. Total to date 42.





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